2015 081860

STATE OF INDIANA FILED FOR RECORD

2015 DEC -8 PM 1:21

MICHAEL B. BROWN

RETURN TO: HODGES & CANOSRP.C.

Attorneys at Law 8700 Broadway Merrillville, IN 46410

RELEASE OF HOSPITAL LIEN

This is to certify that a certain Hospital Lien by THE METHODIST HOSPITALS, INC., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against RAQUEL L SALLEE, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 30th day of December, 2013, and recorded on the 22nd day of January, 2014 (as instrument number 2014-003916), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>RAQUEL L SALLEE</u>, in the amount of <u>Three Thousand One Hondred Thirty-Five and 00/100</u> (\$3,135.00) Dollars, is released this

In the event full paym The Methodist Hospitals, Inc. specifically have to collect the balance due.

the Lake County Recorder! THE METHODIST HOSPITALS, INC. hnyl Cheryl Krupa STATE OF INDIANA COUNTY OF LAKE

Cheryl Krupa, being the Supervisor Patient Accounts for the Northlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct.

Subscribed and sworn to before me, a Notary Public, DEBRA A ROSE Notary Public - Seal State of Indiana Notary Public Lake County A Resident of My Commission Expires Apr 23 **∕County**

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.

This instrument Prepared By:

Earle F. Hites, Attorney at Law

8700 Broadway, Merrillville, IN 46410

7777-223907

AMOUNT \$. .CHARGE CASH. CHECK# **OVERAGE** COPY_ NON-COM **CLERK**