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MICHAEL B. BROWN RECORDER

RETURN TO: HODGES & DAVIS, P.C.

> Att

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 <u>DELAQUESE JERIGAN</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>27th</u> day of <u>August</u>, <u>2013</u>, and recorded on the <u>4th</u> day of <u>September</u>, <u>2013</u> (as instrument number <u>2013-064776</u>), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for the pital care treatment and maintenance of <u>DELAQUESE</u> <u>JERIGAN</u>, in the amount of One Thousand Seven Hundred Thirty Five and <u>00/100</u> (\$1,735.00) Dollars, is released this

This Document is the property of the Lake County Revisit Hospitals, Inc.

BY: Chard Krupa

State of Indiana)

SS:

County of Lake)

Chard Krupa being the Supervisor Patient Accounts for the Northlake Campus

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

Subscribed and sworn to before me, a Notary Public, this 21 day of Decumber, 201

Notary Public A Resident of Hane County

My Commission Expires:

March 24, 2019

Resident of Lake County, IN My Commission expires

LISA M. STONE

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

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