

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2016 006406

2016 JAN 28 PM 12:48

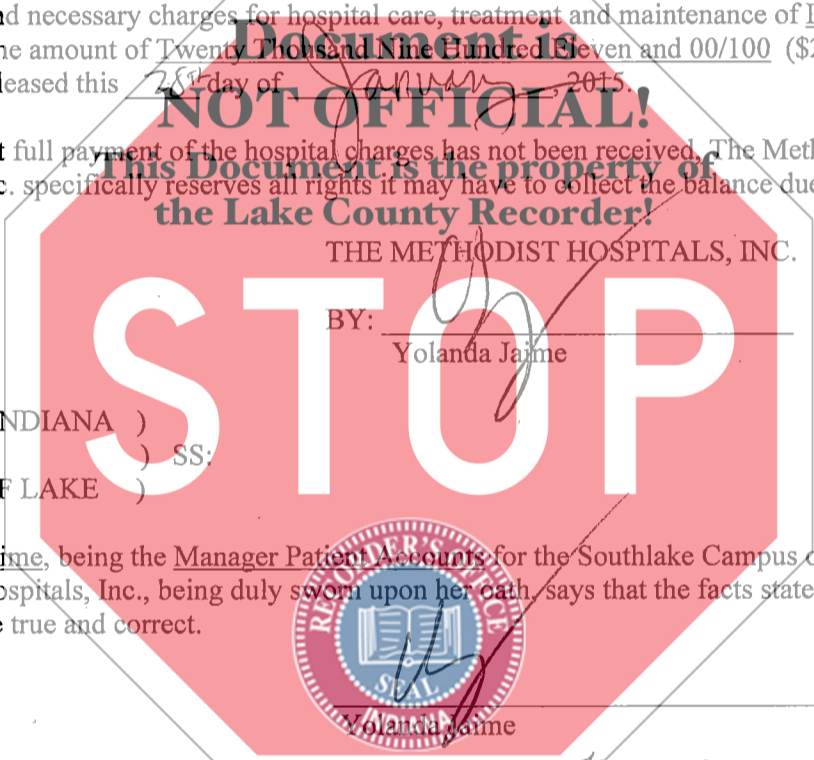
MICHAEL B. BROWN  
RECORDER

RETURN TO: HODGES & DAVIS, P.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., Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against DANIEL R FRANZ, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 30th day of September, 2013, and recorded on the 16th day of October, 2013 (as instrument number 2013-075423), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of DANIEL R FRANZ, in the amount of ~~Twenty Thousand Nine Hundred Seven and 00/100 (\$20,911.00) Dollars~~, is released this 28th day of January, 2015.

In the event full payment of the hospital charges has not been received, The Methodist Hospitals, Inc. specifically reserves all rights it may have to collect the balance due.



STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

Yolanda Jaime, being the Manager Patient Accounts for the Southlake 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, this 28th day of January, 2015.

Lisa M Stone  
Notary Public  
A Resident of Adams County

My Commission Expires:  
March 24, 2019



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: E. Hites  
Earle F. Hites, Attorney at Law  
8700 Broadway, Merrillville; IN 46410

AMOUNT \$ 12  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 20771  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK E