STATE OF INDIA : LAKE COUNTY FILED FOR RECORD

2013 056539

: 2013 AUG -1 AM 9: 06

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 <u>SAMMIE EMORY</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>24th</u> day of <u>May</u>, 2013, and recorded on the <u>26th</u> day of <u>June</u>, 2013 (as instrument number <u>2013-047083</u>), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>SAMMIE</u> <u>EMORY</u>, in the amount of Five Thousand Five Hundred Seventy-One and 75/100 (\$5,571.25) Dollars, is released this

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.

Hospitals, Inc. spe	ecifically reserves all	rights it may i	nave to confect t	ne balance du	
_	the Lai	ke County	y Kecorice.	F:	
	THE METHODIST HOSPITALS, INC.				
		BY:			
		Yolan	da Jaime		
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STATE OF INDL	ANA)				
) SS:				
COUNTY OF LA	KE)				
		THE STATE OF THE S	7		
Yolanda Jaime,	being the Service Un	nit Manager for	r fhe Southlake	Campus of T	he M

Yolanda Jaime, being the Service Unit Manager 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.

Yolanda Jaly

Subscribed and sworn to before me, a Notary Public, this Alday of July, 2013.

Official Seal
JUDY C. RATHJEN
Resident of Land County, IN
My commission express

July 13, 2016

Notary Public

A Resident of Land 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

7777-215998.001 & .002

AMOUNT \$ _____CHARGE ____CHECK # _____L & 9 9 3 ______ OVERAGE _____COPY _____NON-COM _____CLERK ______