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MICHAEL B. BROWN
RECORDER

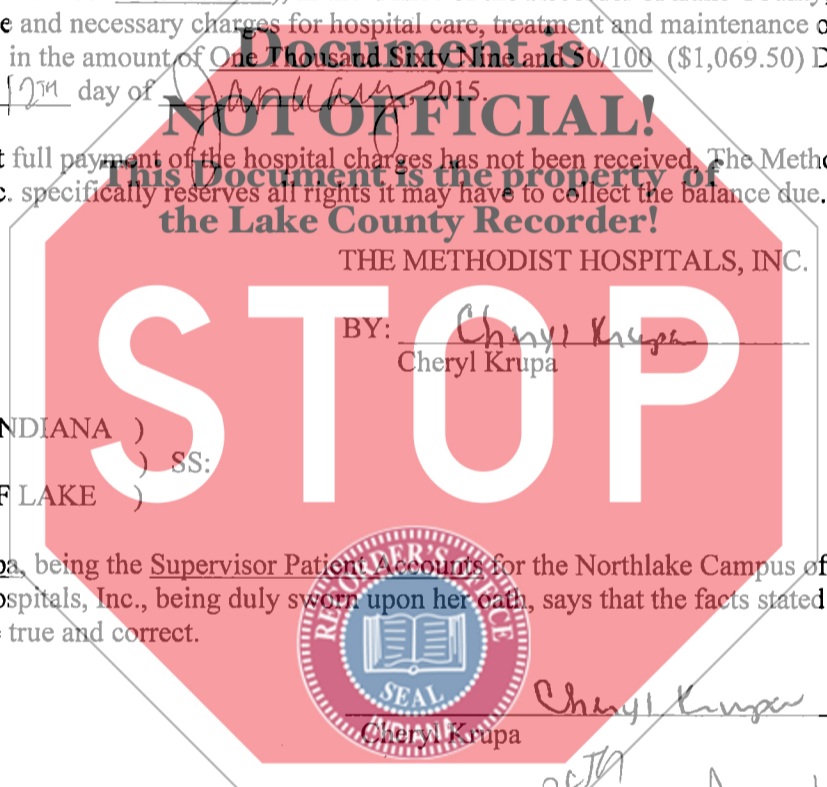
RETURN TO: HODGES & DAVIS, P.C.
Attorneys at Law
8700 Broadway
Merrillville, IN 46410



RELEASE OF HOSPITAL LIEN

This is to certify that a certain Hospital Lien by THE METHODIST HOSPITALS, INC., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against LEKEISHA ROBINSON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 18th day of November, 2015, and recorded on the 23rd day of November, 2015 (as instrument number 2015-078923), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of LEKEISHA ROBINSON, in the amount of One Thousand Sixty Nine and 50/100 (\$1,069.50) Dollars, is released this 12th 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)

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.

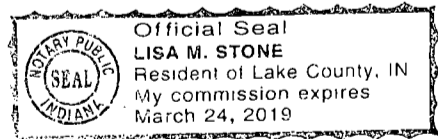


Subscribed and sworn to before me, a Notary Public, this 28th day of December, 2015.

Lisa M. Stone
Notary Public
A Resident of Dee 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: [Signature]
Earle F. Hites, Attorney at Law
8700 Broadway, Merrillville, IN 46410

7777-245408

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK # 20744
OVERAGE _____
COPY _____
NON-COM _____
CLERK E [Signature]