

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 054889

2016 AUG 11 PM 3:24

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 KISHAWNA ROBIE, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 8th day of September, 2014, and recorded on the 25th day of September, 2014 (as instrument number 2014-058526), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of KISHAWNA ROBIE, in the amount of One Thousand Five Hundred Five and 25/100 (\$1,505.25) Dollars, is released this 8th day of August, 2016.

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

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

THE METHODIST HOSPITALS, INC.

BY: Yolanda Jaime

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Yolanda Jaime, being the Manager 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 8th day of August, 2016.

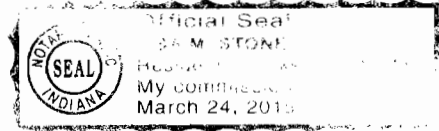
Sara M. Stone

Notary Public

A Resident of Laure 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:

Earle F. Hites

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

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