

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 004539

2017 JAN 19 PM 1:14

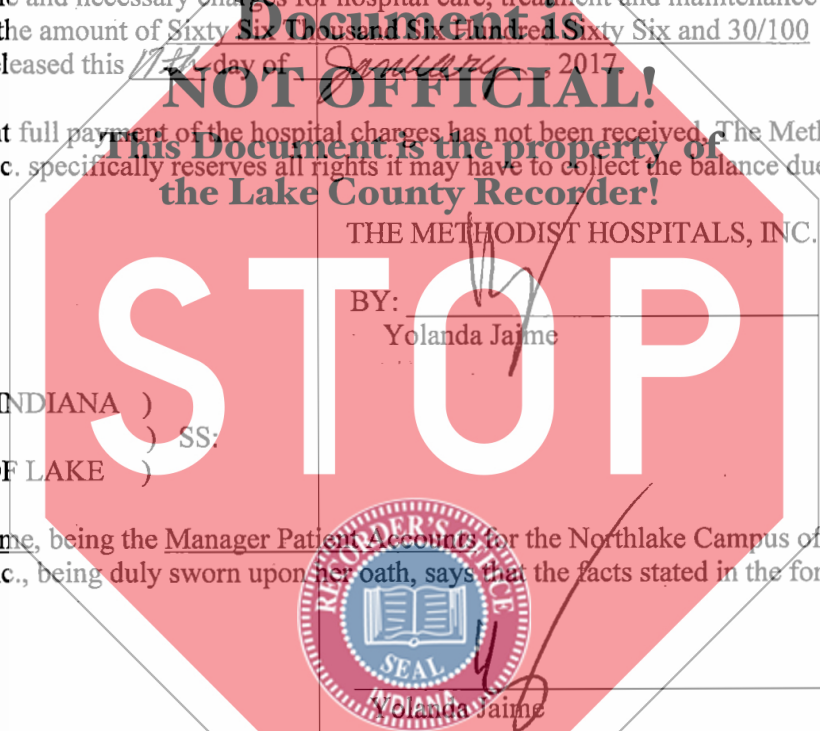
MICHAEL B. BROWN
RECORDER

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 ARKADY VERKH, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 22nd day of September, 2016, and recorded on the 30th day of September, 2016 (as instrument number 2016-066582), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of ARKADY VERKH, in the amount of Sixty Six thousand Six Hundred Sixty Six and 30/100 (\$66,666.30) Dollars, is released this 17th day of January, 2017.

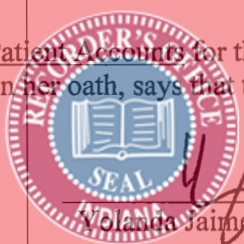
In the event full payment of the hospital charges has not been received, The Methodist Hospitals, Inc. specifically reserves all rights it may have to collect the balance due.



BY: [Signature]
Yolanda Jaime

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

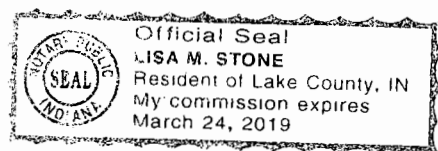
Yolanda Jaime, being the Manager Patient Accounts for the Northlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct.



Subscribed and sworn to before me, a Notary Public, this 17th day of January 2017.

Lisa M. Stone
Notary Public
A Resident of Dane 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

#7777-253505

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK # 21399 E
OVERAGE _____
COPY _____
NON-COM CA
CLERK _____