STATE OF INDIANA
LAKE COUNTY FILED FOR RECORD

2017 043881

2017 JUL 18 PM 1: 11

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 KHAYA RELF, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 30th day of December, 2016, and recorded on the 19th day of January, 2017 (as instrument number 2017-004332), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of KHAYA RELF, in the amount of One Thousand Nine Hundred Twenty Eight and 89/100 (\$1,928.89) Dollars, is

released this 14 thday of NOFF 1017CI In the event full pay ment of the hospital charges that not been exceived fine Methodist Hospitals, Inc. specifically reserves all rights it may have to collect the balance due. THE METHODIST HOSPITALS, INC. Yolanda Jaime STATE OF INDIANA 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. Subsert Red Rose sworn to before me, a Notary Rublic, this 2017. Notary Public - Seal State of Indiana **Lake County** Notary Public County My Commission Expires Apr 23, 2022 A Resident of My Commission Expires: 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

#7777-257454

AMOUNT 5. CASH____CHA CHECK# OVERAGE COPY NON-COM_