

2017 046434

2017 JUL 26 PM 1:14

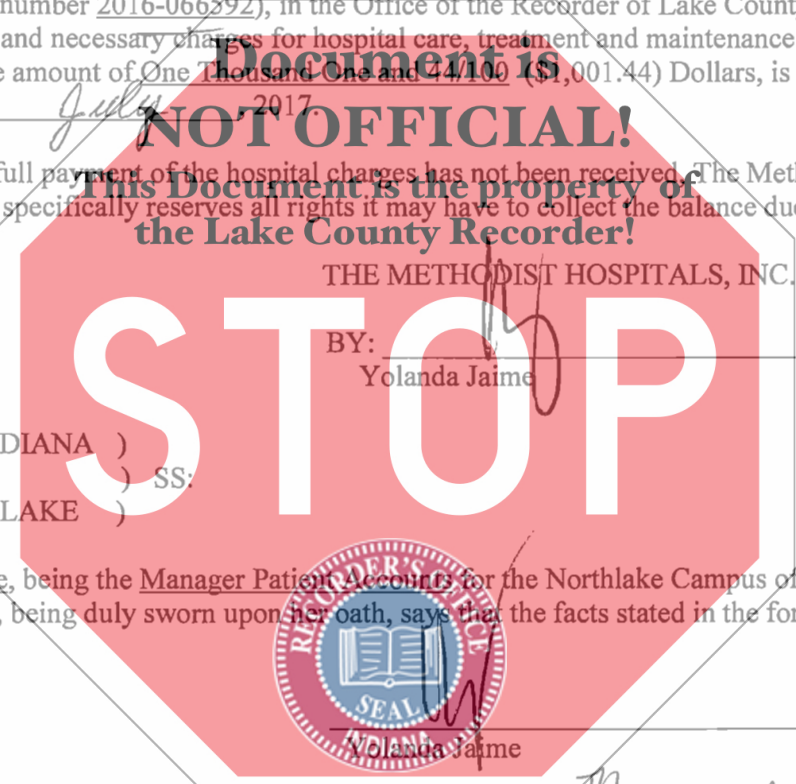
MICHAEL B. BROWN
RECORDER

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 EMUNAH BLOCK, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 27th day of September, 2016, and recorded on the 30th day of September, 2016 (as instrument number 2016-066592), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of EMUNAH BLOCK, in the amount of One Thousand One and 44/100 (\$1,001.44) Dollars, is released this 20th day of July, 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.



THE METHODIST HOSPITALS, INC.

BY: Yolanda Jaime

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

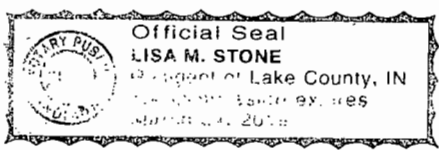
Yolanda Jaime, being the Manager Patient Accounts for the Northlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct.



Subscribed and sworn to before me, a Notary Public, this 20th day of July, 2017.

Lisa M. Stone
Notary Public
A Resident of Lake 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

#7777-253552

AMOUNT 25-
CASH _____
CHECK # 21785
OVERAGE _____
COPY _____
NON-COM _____
CLERK JS

E