

2019 063342

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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 SHERRIKA KIRK, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 2nd day of July, 2018, and recorded on the 6th day of July, 2018 (as instrument number 2018-042336), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of SHERRIKA KIRK, in the amount of Twenty-Two Thousand One Hundred Seventy Seven & 13/100 (\$22,177.13) Dollars, is released this 11th day of September, 2019.



Document is NOT OFFICIAL!  
This Document is the property of  
the Lake County Recorder!  
THE METHODIST HOSPITALS, INC.

BY: [Signature]  
Yolanda Jaime

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

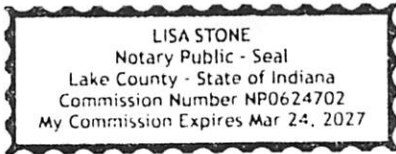
Yolanda Jaime, being the Manager Patient Accounts for the Northlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct.



Subscribed and sworn to before me, a Notary Public, this 11th day of September, 2019.

[Signature]  
Notary Public  
A Resident of Rain County

My Commission Expires:  
March 27, 2027



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]  
Gregory A. Sobkowski, Attorney at Law  
8700 Broadway, Merrillville, IN 46410

#7777-276986

AMOUNT \$ 25-  
CASH CHARGE  
CHECK # 23742  
OVERAGE \_\_\_\_\_ E  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK [Signature]