

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 006275

2016 JAN 28 AM 9: 27

MICHAEL B. BROWN
RECORDER

VOLUNTARY LIEN AGAINST PROPERTY
OWNED BY MAUREEN MYCKA

To whom this may concern:

MAUREEN MYCKA, the rightful owner of the involved real estate, grants a Voluntary Lien in favor of TRILOGY HEALTH SERVICES, LLC d/b/a CEDAR CREEK HEALTH CAMPUS, in

the amount of Thirty Thousand and 00/100s dollars (\$30,000.00). This lien includes, but is not limited to: the following property located in Lake County, Indiana:

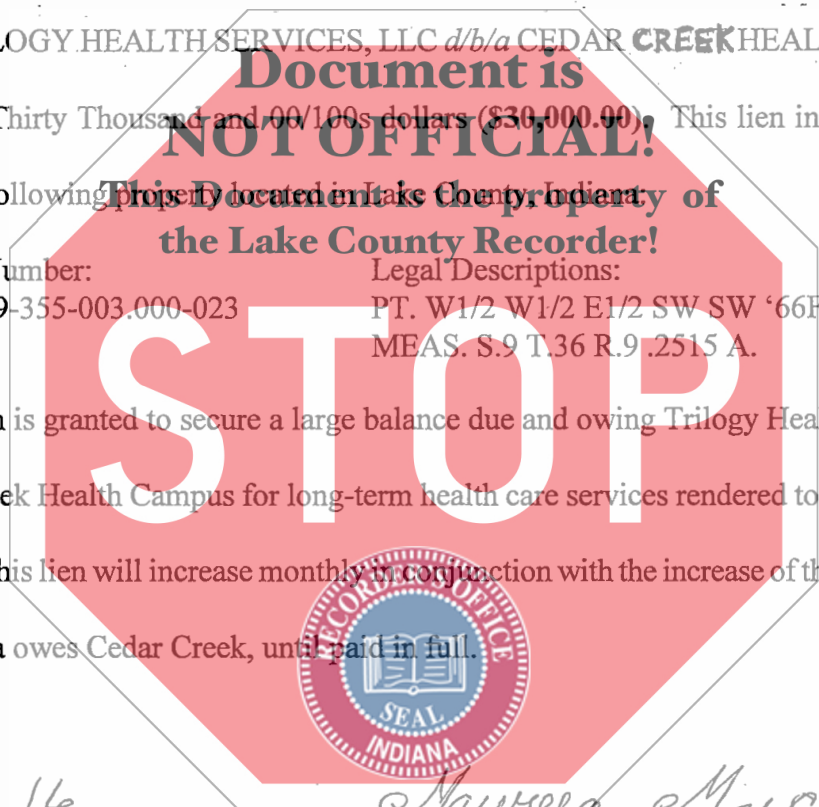
Parcel Number:
45-07-09-355-003.000-023

Legal Descriptions:
PT. W1/2 W1/2 E1/2 SW SW '66FT. W.L INE
MEAS. S.9 T.36 R.9 .2515 A.

This lien is granted to secure a large balance due and owing Trilogy Health Services, LLC d/b/a Cedar Creek Health Campus for long-term health care services rendered to Maureen Mycka. The amount of this lien will increase monthly in conjunction with the increase of the account balance Maureen Mycka owes Cedar Creek, until paid in full.

1-14-16
Date

Maureen Mycka
Maureen Mycka



AMOUNT \$ 13.00
CASH CHARGE
CHECK# 26950
OVERAGE
COPY
NON-CONF
DEPUTY JAS

E

STATE OF INDIANA)
) ss:
COUNTY OF Dee)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared, Maureen Mycka and acknowledged the execution of the above.

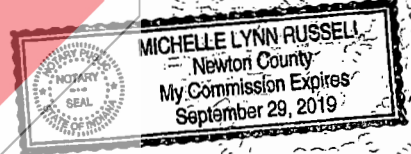
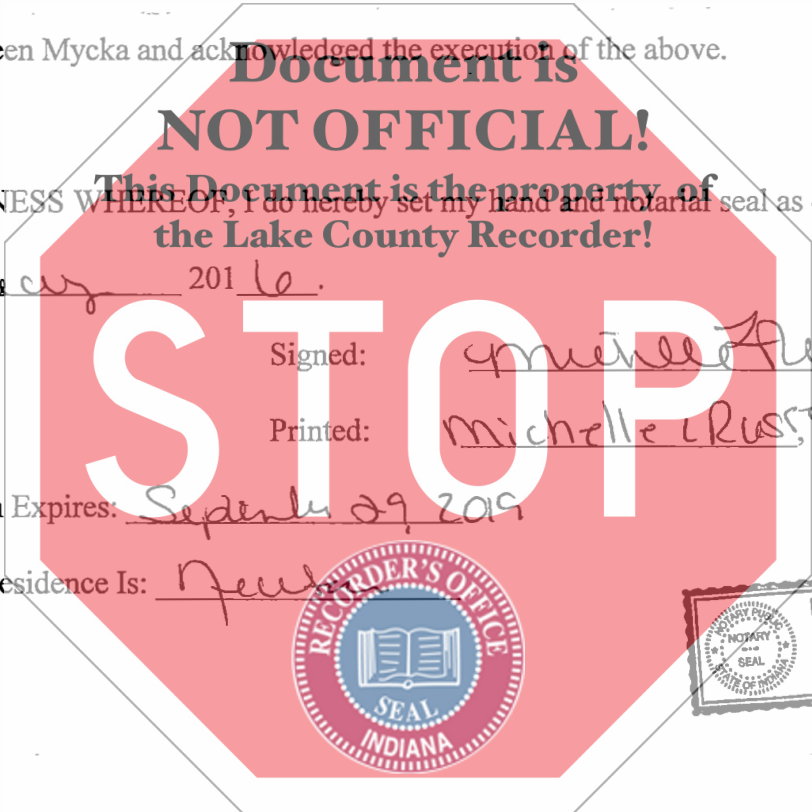
IN WITNESS WHEREOF, I do hereby set my hand and notarial seal as of the 11
day of January 2016.

Signed: Michelle Russell

Printed: Michelle Russell, Notary Public

My Commission Expires: September 29, 2019

My County of Residence Is: Dee



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.

Paul (Rick) Rauch

This instrument was prepared by: Paul (Rick) Rauch, DREWRY SIMMONS VORNEHM, LLP
736 Hanover Place, Suite 200, Carmel, IN 46032 (317) 713-6046

