

2019 043911

2019 JUL 18 PM 1:29

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 GISELLE GARCIA, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 3rd day of December, 2018, and recorded on the 16th day of January, 2019 (as instrument number 2019-0063026), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of GISELLE GARCIA, in the amount of Five Hundred Forty Nine and 06/100 (\$549.06) Dollars, is released this 15th day of July, 2019.

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.

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.

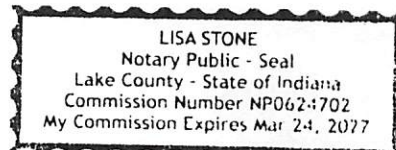


Subscribed and sworn to before me, a Notary Public, this 15th day of July, 2019.

Lisa Stone
Notary Public
A Resident of Lane County

My Commission Expires:

March 24, 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

#2222-281930

AMOUNT \$ 25-
CASH _____ CHARGE _____
CHECK # 23577
COVERAGE _____
COPY _____
NON-DOM _____
CLERK [Signature]

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