2019 043912

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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., Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against XERIA GRIFFIN, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 25th day of February, 2019, and recorded on the 28th day of February, 2019 (as instrument number 2019-012580), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of XERIA GRIFFIN, in the amount of One Thousand Seventy-Two & 99/100 ($1,072.99) 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.

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!
STOP

THE METHODIST HOSPITALS, INC.

BY: _____
Yolanda Jaime

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

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

_____
Yolanda Jaime

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

_____
Lisa M. Stone
Notary Public

A Resident of Lake County

My Commission Expires:
March 24, 2027

LISA STONE
Notary Public - Seal
Lake County - State of Indiana
Commission Number NP0624702
My Commission Expires Mar 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: _____
Gregory A. Sobkowski, Attorney at Law
8700 Broadway, Merrillville, IN 46410

#2222-284853

AMOUNT $ 25-
CASH _____ CHARGE _____
CHECK # 23577
OVERAGE _____
COPY _____
NON-COM _____
CLERK _____

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