2019-081899

2019 Nov 27

9:43 AM

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 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 <u>CYNTHIA SAMUELS</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>3rd</u> day of <u>October, 2019</u>, and recorded on the <u>30th</u> day of <u>October, 2019</u> (as instrument number <u>2019-074888</u>), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>CYNTHIA SAMUELS</u>, in the amount of <u>Ten Thousand Pive Hundred Seventy-One and 95/100</u> (\$10,571.95) Dollars, is released this <u>Aland day of Macadetic</u> 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.

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.

Yolanda Jajime

Subscribed and sworn to before me, a Notary Public, this May of O, 2019

DEBRA A ROSE
Notary Public - Seal
State of Indiana
Lake County
My Commission Expires Apr 23, 2022

My Commission Expires

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:

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

#7777-294214

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