

2019-081901

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 DONALD SLEE, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 29th day of August, 2018, and recorded on the 11th day of September, 2018 (as instrument number 2018-062216), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of DONALD SLEE, in the amount of Five Thousand Three Hundred Sixty & 09/100 (\$5,360.09) Dollars, is released this 27th day of November, 2019.

Document is NOT OFFICIAL!

This Document is the property of THE METHODIST HOSPITALS, INC. the Lake County Recorder!

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.



Subscribed and sworn to before me, a Notary Public, this 27th day of NOV, 2019.

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

Debra A Rose
Notary Public
A Resident of Lake county

April 23, 2022

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

#7777-278990

AMOUNT \$ 25-
CASH _____
CHECK # 23903
OVERAGE _____
COPY _____
NON-COM _____
CI FRK AV