

2019-081903

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 JALEN M. AARON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 31st day of December, 2009, and recorded on the 20th day of January, 2010 (as instrument number 2010-003483), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of JALEN M. AARON, in the amount of One Thousand Two Hundred Sixty Nine (\$1,269.00) Dollars, is released this 2nd day of November, 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.

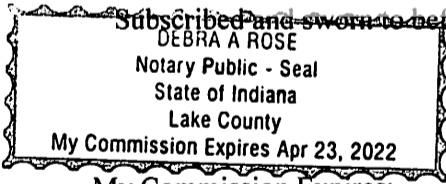
BY: [Signature]
Yolanda Jaime

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.



[Signature]
Notary Public
A Resident of Lake County



My Commission Expires:
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: [Signature]
Gregory A. Sobkowski, Attorney at Law
8700 Broadway, Merrillville, IN 46410

#2222-183627.002

AMOUNT \$ 25-
CASH CHARGE
CHECK # 23903
OVERAGE _____
COPY _____
NON-COM _____
CLFRK TV

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