2019-081904

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., Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against CAROLYN THOMPSON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 16th day of September, 2018, and recorded on the 12th day of October, 2018 (as instrument number 2018-070346), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of CAROLYN THOMPSON, in the amount of Two Thousand Six & 86/100 ($2,006.86) Dollars, is released this 22nd day of November, 2019.

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

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 22 day of Nov, 2019.

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

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

#2222-279693

AMOUNT $ 25 –
CASH ____ CHARGE ____
CHECK # 23903
OVERAGE ____
COPY ____
NON-COM ____
CLERK ____