2019-083201

2019 Dec 3

2:21 PM

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 MARRISSA L CLARK, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 11th day of September, 2019, and recorded on the 19th day of September, 2019 the reasonable and necessary charges for MARRISSA L CLARK, in the amount of atment and maintenance of ven Hundred Sixty & 66/100

(as instrument number 2019-064370), in the Office of the Recorder of Lake County, Indiana, for (\$1,760.66) Dollars, is released this In the event full payment of the hospital charges has not bee n received. The Methodist collect the balance due. Hospitals, Inc. specifically re MOSPITALS, INC. Yolanda Ja STATE OF INDIANA 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 Jaime Subscribed and sworn to before me, a Notary Public, this 25 day of November, 2019. **Notary Public** A Resident of Man My Commission Expires: LISA STONE March 24, 2027 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

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AMOUNT \$ CASH. CHECK# E OVERAGE COPY_ NON-COM I FRK