

2019-083202

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 GARY SPRAGGINS, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 11th day of February, 2019, and recorded on the 19th day of February, 2019 (as instrument number 2019-010265), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of GARY SPRAGGINS, in the amount of One Thousand Seven Hundred Forty-Three & 79/100 (\$1,743.79) Dollars, is released this 25th day of November, 2019.

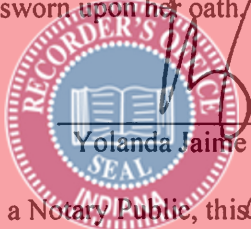
Document is NOT OFFICIAL!

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.

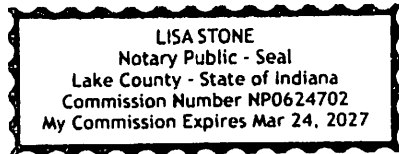


Subscribed and sworn to before me, a Notary Public, this 25th day of November, 2019.

Lisa Stone
Notary Public
A Resident of Boone County

My Commission Expires:

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

#7777-284530

AMOUNT 25-
CASH CHARGE
CHECK # 23913
OVERAGE _____ E
COPY _____
NON-COM _____
CI FRK R.M