2019-083204

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 NOLAN ESTES, 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 (as instrument number 2019-064371), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, tre amount of One Thousand Six Hundred Fift and maintenance of NOLAN ESTES, in the 296/100 (\$1,654.96) Dollars, is released this 25 #1 day of

In the event full payment of the hospital charges has not been received. The Methodist collect the balance due. Hospitals, Inc. specifically reserves all rights it may have to THE METHODI\$T HÓSPITALS, INC. Yolanda Jaim

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

day of 1 10 vember, 2019. Subscribed and sworn to before me, a Notary Public, this Notary Public A Resident of (2) County My Commission Expires: LISA STONE LISA STONE

Notary Public - Seal

Lake County - State of Indiana

Commission Number NP0624702

My Commission Expires Mar 24, 2027

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, Attorney at Law 8700 Broadway, Merrillville, IN 46410

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