2019-083205

2019 Dec 3

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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 JAMILLAH DAVIS, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 11th day of October, 2019, and recorded on the 30th day of October, 2019 (as instrument number 2019-074890), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>JAMILLAH</u> <u>DAVIS</u>, in the amount of <u>Eight Hundred Seventy-Eight & 55/100</u> (\$878.55) Dollars, is released

this 25th day of _ 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. Yol<mark>anda J</mark>aim 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 (WMbM 2019. **Notary Public** A Resident of MUL County My Commission Expires: LISA STONE Notary Public - Seal Lake County - State of Indiana march 24,2027 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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