2019-083207

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 CHAQUETA CLIFTON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 29th day of July, 2019, and recorded on the 16th day of August, 2019 (as atment and maintenance of CHAQUETA reasonable and necessary charges for CLIFTON, in the amount of Four Thou Ninety Five & 87/100 (\$4,695.87)

instrument number 2019-055372), in the Office of the Recorder of Lake County, Indiana, for the Dollars, is released this 25 thday In the event full payment of the bospital cha n received The Methodist Hospitals, Inc. specifically re nts it may have to collect the balance due. THE METHODIST HOSPITALS, INC. Yolanda Jalime 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. Wolanda Jalime Subscribed and sworn to before me, a Notary Public, this 23 day of 1 Notary Public A Resident of Olane County My Commission Expires: LISA STONE
Notary Public - Seal
Lake County - State of Indiana
Commission Number NP0624702
My Commission Expires Mar 24, 2027

VY londs 24,7027

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. Solkowski, Attorney at Law 8700 Broadway, Mertillville, IN 46410

#7777-289484

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