2019-083208

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 KAMIRA YORK, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>22nd</u> day of <u>May</u>, <u>2019</u>, and recorded on the <u>11th</u> day of <u>June</u>, <u>2019</u> (as instrument number 2019-035053), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>KAMIRA YORK</u>, in the amount of <u>Six Hundred Thirteen and 76/100</u> (\$613.76) Dollars, is released this <u>ASM</u> day of

Mountees not been received. The Methodist we to collect the balance due. Recorder! In the event full payment of Hospitals, Inc. specifically THE METHODIST HOSPITALS, INC. Yol<mark>anda Ja</mark>lim 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 bulmen, 2019. Subscribed and sworn to before me, a Notary Public, this **Notary Public** A Resident of <u>Mu</u> My Commission Expires: LISA STONE Notary Public Seal March 24, 2027 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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