

2020-022261

2020 Apr 21

10:56 AM

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 OLIVIA RAZO, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 12th day of November, 2019, and recorded on the 13th day of December, 2019 (as instrument number 2019-086300), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of OLIVIA RAZO, in the amount of Six Thousand Two Hundred Eleven & 52/100 (\$6,211.52) Dollars, is released this 20th day of March, 2020.

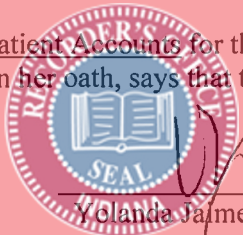
In the event full payment of the hospital charges has not been received, The Methodist Hospitals, Inc. specifically reserves all rights it may have to collect the balance due.

THE METHODIST HOSPITALS, INC.

BY: [Signature]
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.



[Signature]
Yolanda Jaime
A Resident of Lake County

Subscribed and sworn to before me, a Notary Public, this _____ day of _____, 2020.
DEBRA A ROSE
Notary Public - Seal
State of Indiana
Lake County
My Commission Expires Apr 23, 2022

My Commission Expires:
April 23, 2022

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: [Signature]
Gregory A. Sobkowski, Attorney at Law
8700 Broadway, Merrillville, IN 46410

#7777-295400

AMOUNT \$ 25-
CASH _____ CHARGE _____
CHECK # 24240
OVERAGE _____ E
COPY _____
NON-COM _____
FEE _____