2020-022265

2020 Apr 21

10:58 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 <u>DEVIN JOHNSON</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>27th</u> day of <u>June</u>, 2017, and recorded on the <u>14th</u> day of <u>July</u>, 2017 (as instrument number <u>2017-043369</u>), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>DEVIN JOHNSON</u>, in the amount of <u>Nineteen Thousand Four Hundred Twenty Three & 55/100</u> (\$19,423.55) Dollars, is released this 20th day of <u>Marketing</u>, 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 Lake County Recorder!

THE METHODIST HOSPITALS, INC.

BY:
Yolanda Jaime

COUNTY OF LAKE

THE METHODIST HOSPITALS, INC.

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.

Subscribed and sworn to before me, a Notary Public, that day of M2020.

DEBRA A ROSE
Notary Public - Seal
State of Indiana
Lake County
My Commission Expires Apr 23, 2022

My Commission Expires.

A Resident of DACCounty

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. Sbbkowski, Attorney at Law

8700 Broadway, Merrillville, IN 46410

#7777-264798

AMOUNT \$CASHCONTRAGE	25- HARGE 24240	F
NON-COM_	55	<i>-</i>