2020-027925

2020 May 21

8:30 AM

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD MICHAEL B BROWN RECORDER

RETURN TO: HODGES & DAVIS, P.C. Attorneys at Law

7 8700 Broadway Merrillville, IN 46410

RELEASE OF HOSPITAL LIEN

This is to certify that a certain Hospital Lien by THE METHODIST I	
Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against <u>LA</u> represented by the Sworn Statement Of Notice Of Intention To Hold H	
executed on the <u>27th</u> day of <u>January</u> , <u>2020</u> , and recorded on the <u>30th</u> day	
instrument number 2020-007781), in the Office of the Recorder of Lak	e County, Indiana, for the
reasonable and necessary charges for hospital care, treatment and main MILES, in the amount of Twenty Two Thousand Six Hundred Eighty	tenance of <u>LASHAY</u>
Dollars, is released this white the mount of Twenty Two Housand Six Hundred Eighty Two Hundred Eigh	51x & 34/100 (\$22,000.34)
NO I OFFICIAL!	
This Document is the property of THE METHODIST HOSPITALS, INC. the Lake County Recorder!	
BY: (///	
Yolanda Jure	
STATE OF INDIANA) SS:	
COUNTY OF LAKE	
	G CTI
Yolanda Jaime, being the Manager Patient Accounts for the Northlak Methodist Hospitals, Inc., being duly sworn upon her oath, says that the	e facts stated in the
foregoing are true and correct.	e lacts stated in the
Volanda Jaims	/.01
Subscribed and sworn to before me, a Notary Public, this 15 day of	f //(W/, 2020.
Auna Stow	U
— V) W :- 1 02 0	Notary Public
[/ V**	ounty
	TONE
\(\) \(\) \(\) \(\) \(\) \(\) \(\) \\ \\ \) \(\) \\ \\ \\ \) \\ \\ \\ \\ \\ \\ \\ \\	blic - Seal State of Indiana
	nber NP0624702 pires 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.	are to redact each social

This instrument Prepared By:

Gregory A. Sobkowski, Attorney at Law 8700 Broadway, Merrillville, IN 46410

#7777-297724

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