2020-027926

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 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>DOUGLAS JONES</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>6th</u> day of <u>June, 2018</u>, and recorded on the <u>27th</u> day of <u>June, 2018</u> (as instrument number <u>2018-040057</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>DOUGLAS JONES</u>, in the amount of <u>Two Thousand Seven Hundred Fifteen & 74/100</u> (\$2,715.74) Dollars, is released this

number 2018-040057), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital maintenance of <u>DOUGLAS JONES</u>, in the 4/100 (\$2,715.74) Dollars, is released this amount of Two Thousand Seven Hundred day of the Lake County Re Yolanda Jaine 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. Subscribed and sworn to before me, a Notary Public, this day of O WA **Notary Public** A Resident of MM County My Commission Expires: LISA STONE
Notary Public - Seal
Lake County - State of Indiana
Commission Number NP0624702
My Commission Expires Mar 24, 2027 Mruch 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. Sobkowski, Attorney at Law 8700 Broadway, Merrillville, IN 46410

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