2020-027929

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

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## **RELEASE OF HOSPITAL LIEN**

This is to certify that a certain Hospital Lien by THE METHODIST HOSPITALS, INC., Northlake/Southlake Campus, 600 Grant Street, Gary, Indiana 46402, against <u>PATRICK NNADI</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>4th</u> day of <u>September</u>, 2012, and recorded on the <u>27th</u> day of <u>September</u>, 2012 (as instrument number <u>2012-068048</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>PATRICK NNADI</u>, in the amount of <u>Five Thousand Sixty Three</u> (\$5,063.00) Dollars, is released this

instrument number 2012-068048), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, to NNADI, in the amount of Five Thousand Sixty Three reatment and maintenance of <u>PATRICK</u> (\$5,063.00) Dollars, is released this May 8th day of the Lake County Re Yolanda Ja 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. Subscribed and sworn to before me, a Notary Public 2020. **Notary Public** A Resident of County My Commission Expires: LISA STONE Notary Public - Seal Lake County - State of Indiana Commission Number NP0624702 My Commission Expires Mar 24, 2027 March 24, 2027 I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, appless required by law. This instrument Prepared By:

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

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