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2020-081063

2020 Nov 6

8:35 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 JOSE ESPARZA, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 20th day of March, 2020, and recorded on the 29th day of April, 2020 (as instrument number 2020-023924), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of JOSE ESPARZA, in the amount of Five Thousand Eight Hundred Five (\$5,805.00) Dollars, is released this 29th day of October, 2020.



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.

Yolanda Jaime

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:



Debra A Rose  
Notary Public  
A Resident of Lake County  
My Commission Number: NP0653049

April 23, 2022

EXECUTED AND DELIVERED in my presence:

Angie Djukich [Witness's Signature]

Witness: Angie Djukich [Witness's Printed Name]

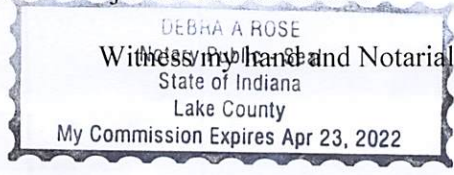
STATE OF INDIANA )  
                                  ) SS:  
                                  )

#7777-299285

AMOUNT \$ 25-  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 24798  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK AM

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Before me, a Notary Public in and for said County and State, personally appeared Angie Mulich [Witness's Name], being know to me to be the person whose name is subscribed as a witness to the foregoing instrument, who, being duly sworn by me, deposes and say that the foregoing instrument was executed and delivered by YF, patient representative of The Methodist Hospitals, Inc. in the above-named subscribing witness's presence, and that the above-named subscribing witness is not a party to the transaction described in the foregoing instrument and will not receive any interest in or proceeds from the property that is the subject of the transaction.



Witness my hand and Notarial Seal this 29th day of December, 2020

Debra A Rose  
Notary Public

My Commission Expires:  
April 23, 2022

Resident of Lake County  
My Commission Number: ND 653049

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

**Document is NOT OFFICIAL!**  
This Document is the property of the Lake County Recorder!

#7777-299285

