

2

2020-081064

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 WILLIE MILLER, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 11th day of April, 2019, and recorded on the 2nd day of May, 2019 (as instrument number 2019-025637), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of WILLIE MILLER, in the amount of Three Thousand Two Hundred Fifty- Four & 95/100 (\$3,254.95) 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



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

My Commission Expires: April 23, 2022

EXECUTED AND DELIVERED in my presence:

Angie Sjukich [Witness's Signature]

Witness: Angie Sjukich [Witness's Printed Name]

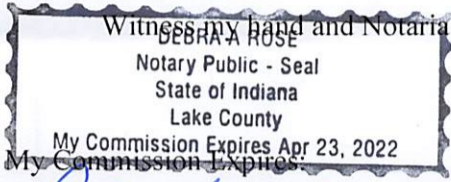
STATE OF INDIANA)
) SS:
)

#7777-286363

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

E

Angie Fritch Before me, a Notary Public in and for said County and State, personally appeared [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 YJ, 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 October, 2020.
Debra A. Rose
Notary Public
Resident of Lake County
My Commission Number: NP 0653049
April 23, 2022

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: _____

NOT OFFICIAL!
Gregory A. Sopkowski, Attorney at Law
8700 Broadway, Merrillville, IN 46410
This Document is the property of the Lake County Recorder!

#7777-286363

