2020-081065

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 <u>CARL PITTMAN JR</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>25th</u> day of <u>September, 2020</u>, and recorded on the <u>22nd</u> day of <u>October, 2020</u> (as instrument number <u>2020-076033</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>CARL PITTMAN JR</u>, in the amount of <u>Four Thousand Six Hundred Eighty & 25/100</u> (\$4,680.25) Dollars, is released this <u>27th</u> day of <u>Optables</u>, 2020.

In the event full payment of the hospital charges has not been received, The Methodist Hospitals, Inc. specifically reserves all rights it may have to collect the balance due.

NOT OFFICIALS, INC.
This Document is the property of

the Lake County Researcher!

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 2, 2020.

Notary Public - Seal State of Indiana Lake County

My Commission Expires Apr 23, 2022 Resident of County

My Commission Expires: My Commission Number:

EXECUTED AND DELIVERED in my presence:

Angue Aful ich [Witness's Signature]

Witness: Angie Diukich [Witness's Printed Name]

STATE OF INDIANA)

SS:

#7777-304615

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Before me, a Notary Public in and for said County and State, personally appeared OUL PUR WILL [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 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. DEBRA A ROSE Notary Public - Seal and Motarial Seal this State of Indiana Lake County My Commission Expires Apr 23, 2022 Notary Public Resident of My/Commission Expires: My Commission Number: I affirm, under the penalties for perjury, that I have taken security number in this document, unless required by law reasonable care to redact each social This instrument Prepared By the Lake County Recorder #7777-304615