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2020-081066

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B BROWN
RECORDER

2020 Nov 6

8:35 AM

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 LELANI OWENS, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 19th day of November, 2019, and recorded on the 13th day of December, 2019 (as instrument number 2019-086324), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of LELANI OWENS, in the amount of Fifteen Thousand Twenty Three & 29/100 (\$15,023.29) Dollars, is released this 29th day of October, 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.



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 _____, 2020.
DEBRA A ROSE
Notary Public - Seal
State of Indiana
Lake County
My Commission Expires Apr 23, 2022

Yolanda Jaime
[Signature]
Notary Public
Resident of Lake County
My Commission Number: NP0653049

EXECUTED AND DELIVERED in my presence:

Angie Ajukich [Witness's Signature]

Witness: Angie Ajukich [Witness's Printed Name]

STATE OF INDIANA)
) SS:
)

#7777-295690

AMOUNT \$ 25-
CASH _____
CHECK # 24798
O' _____
C _____
N. _____
CLERK [Signature]

E

Before me, a Notary Public in and for said County and State, personally appeared Angie G. Welch [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 YK, 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.
COURTNEY ROSE
Notary Public - Seal
State of Indiana
Lake County
My Commission Expires Apr 23, 2022
My Commission Expires April 23, 2022

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

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

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

#7777-295690

