2020-081067

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., Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against <u>JAMES P BOHLING JR</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>18th</u> day of <u>September, 2019</u>, and recorded on the <u>30th</u> day of <u>October, 2019</u> (as instrument number <u>2019-074895</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>JAMES P BOHLING JR</u>, in the amount of <u>Five Thousand Eight Hundred Thirty & 12/100</u> (\$5,830.12) Dollars, is released this *29 th* day of *October*, 2020.

Dollars, is released this 29th day of October OTHE METHODIST KOSPITALS, INC. NOTOFFICY This Document is the property of STATE OF INDIANA ) the Lake County Recorder! COUNTY OF LAKE Yolanda Jaime, being the Manager Patient Accounts for the Southlake 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 sworm to before me, a Notary Public, the Notary Public - Seal State of Indiaga Notary Public Lake County My Commission Expires Apr 28, A Resident of My Commission Number My Commission Expires EXACUTED AND DELIVERED in my presence: [Witness's Signature]

Witness: Angle Dinkich [Witness's Printed Name]

STATE OF INDIANA )

SS:

A Contract of the Assistant Avenue

#2222-292550

AMOUNI D 25CASH\_\_\_CHAP
CHECK # 24798
CLERK

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 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 DEBRA A ROSE Notary Public - Seal State of Indiana Notary Public Commission Explores 2022 Resident of My Commission Number 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 Jocument This instrument Prepared By This Document is the property of the Lake County Recorder! #2222-292550