



Before me, a Notary Public in and for said County and State, personally appeared Angie Durkin [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 [Signature], 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 - Seal  
State of Indiana  
Lake County  
My Commission Expires 2/23, 2022

[Signature]  
Notary Public  
Resident of Lake County  
My Commission Number: IND 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:

[Signature]  
Gregory A. Sobkowski, Attorney at Law  
8700 Broadway, Merrillville, IN 46410

**This Document is the property of the Lake County Recorder!**

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