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2020-081068
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 ALEKSANDAR PRPA, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 24th day of February, 2017, and recorded on the 3rd day of March, 2017 (as instrument number 2017-014222), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of ALEKSANDAR PRPA, in the amount of Five Thousand Two Hundred Seventy Two & 10/100 (\$5,272.10) 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 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 sworn to before me a Notary Public, this _____ day of _____, 2020.
Notary Public - Seal
State of Indiana
Lake County
My Commission Expires Apr 23, 2022



[Signature]
Notary Public
A Resident of _____ County
My Commission Number: 1110653049

My Commission Expires: April 23, 2022

EXECUTED AND DELIVERED in my presence:

Angie Djukich [Witness's Signature]

Witness: Angie Djukich [Witness's Printed Name]

STATE OF INDIANA)
) SS:
)

AMOUNT \$ 25-
CASH _____ CHAF _____
CHECK # 24798 E
3 _____
3 _____
CLERK [Signature]

Before me, a Notary Public in and for said County and State, personally appeared Angie Paul Wh [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 YF, 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 Apr 23, 2022
Apr 23, 2022

Debra A Rose
Notary Public
Resident of Lake County
My Commission Number: NI0153049

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
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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