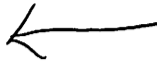


2

2020-083167
2020 Nov 17 9:00 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 NATHAN L NICHOLSON, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 20th day of November, 2019, and recorded on the 22nd day of November, 2019 (as instrument number 2019-080977), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of NATHAN L NICHOLSON, in the amount of Eight Thousand One Hundred Six & 01/100 (\$8,106.01) Dollars, is released this 6th day of November, 2020.

Document is
THE METHODIST HOSPITALS, INC.
NOT OFFICIAL!

BY: Yolanda Jaime
This Document is the property of
the Lake County Recorder!

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.

Yolanda Jaime



A Resident of Lake County
My Commission Number: NP0653099

Subscribed and sworn to before me, a Notary Public, this 6th day of November, 2020.
Notary Public - Seal
State of Indiana
Lake County
My Commission Expires Apr 23, 2022

My Commission Expires:
April 23, 2022

EXECUTED AND DELIVERED in my presence:

Angie Sprueck [Witness's Signature]

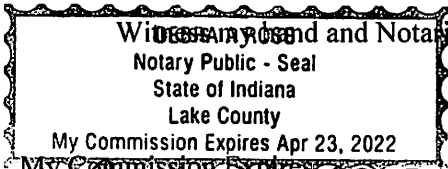
Witness: Angie Sprueck [Witness's Printed Name]

STATE OF INDIANA)
) SS:
)

AMOUNT \$ 25-
CASH _____ CHARGE _____
CHECK # 24814
OVERAGE _____
COPY _____
NON-COM _____
CLERK MA

E

Before me, a Notary Public in and for said County and State, personally appeared Angie Spiller [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.



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

#7777-295510

