2020-083168

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 JULIA COLLINS, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 11th day of April, 2019, and recorded on the 2nd day of May, 2019 (as instrument number 2019-025636), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of JULIA COLLINS, in the amount of Twenty Eight Thousand Nine Hundred Three & 90/100

(\$28,903.90) Dollars, is released this 6th day of November, 2020. In the event full payment of the hospital charges has not been received, The Methodist Hospitals, Inc. specifically reserves all fights it may have to collect the balance due. THE METHODIST HOSPITALS, INC. This Document is the property of the Lake Coyolanda Para order! STATE OF INDIANA 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. a Notary Public, this 2020. Notary Public - Seal State of Indiana Lake County Notary Public My Commission Expires Apr 23, 2022 Resident of My Commission Number: EXECUTED AND DELIVERED in my presence: [Witness's Signature] [Witness's Printed Name] Witness: 5 STATE OF INDIANA)) SS:

#7777-286530

AMOUNI D CASH_ CHECK # OVERANE CO NO: 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 ptariai Sear Notary Public - Seal State of Indiana Lake County My Commission Expires Apr 23, 2022 My Commission Expires: Resident of 2 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, units required by law 1.5 This instrument Prepared By: This Derood Broad way, Merifil Mile, 18464 yo of the Lake County Recorder! #7777-286530