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2020-083169

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., Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against ANTHONY V CHICO, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 21st day of October, 2019, and recorded on the 31st day of October, 2019 (as instrument number 2019-075119), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of ANTHONY V CHICO, in the amount of Six Hundred Eighty-Four and 78/100 (\$684.78) 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 rights it may have to collect the balance due.



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.

Subscribed and sworn to before me, a Notary Public, this 6th day of November, 2020.

DEBRA A ROSE  
Notary Public - Seal  
State of Indiana  
Lake County  
My Commission Expires Apr 23, 2022



A Resident of \_\_\_\_\_ County  
My Commission Number: NR0653098

EXECUTED AND DELIVERED in my presence:

Angie Djukich [Witness's Signature]

Witness: Angie Djukich [Witness's Printed Name]

STATE OF INDIANA )  
                                  ) SS:  
                                  )

#2222-294539

AMOUNT \$ 25-  
CASH \_\_\_\_\_ CHAS \_\_\_\_\_  
CHECK # 24874  
DATE 11/6/20  
BY [Signature]  
CLERK [Signature] E

Before me, a Notary Public in and for said County and State, personally appeared Angie Burch [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 YJ, 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 BARBARA ROSE and Notary Seal 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

Deshae Rose  
Notary Public  
Resident of Lake County  
My Commission Number 140653049

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

**Document is NOT OFFICIAL!**  
**This Document is the property of the Lake County Recorder!**

#2222-294539

