



STATE OF INDIANA )  
 )SS:  
 )

Before a Notary Public in and for said County and State, personally appeared

Leslie Stone

[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 says that the forgoing instrument was executed and delivered by Angie Quirich

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.

**Document is NOT OFFICIAL!**

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

Witness my hand and Notary Seal this 23rd day of April, 2020

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

Debra A Rose  
Notary Public

My Commission Expires:

April 23, 2022

Resident of Lake County

My Commission Number: NP0653049

**STOP**



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, Attorney at Law  
8700 Broadway, Merrillville, IN 46410