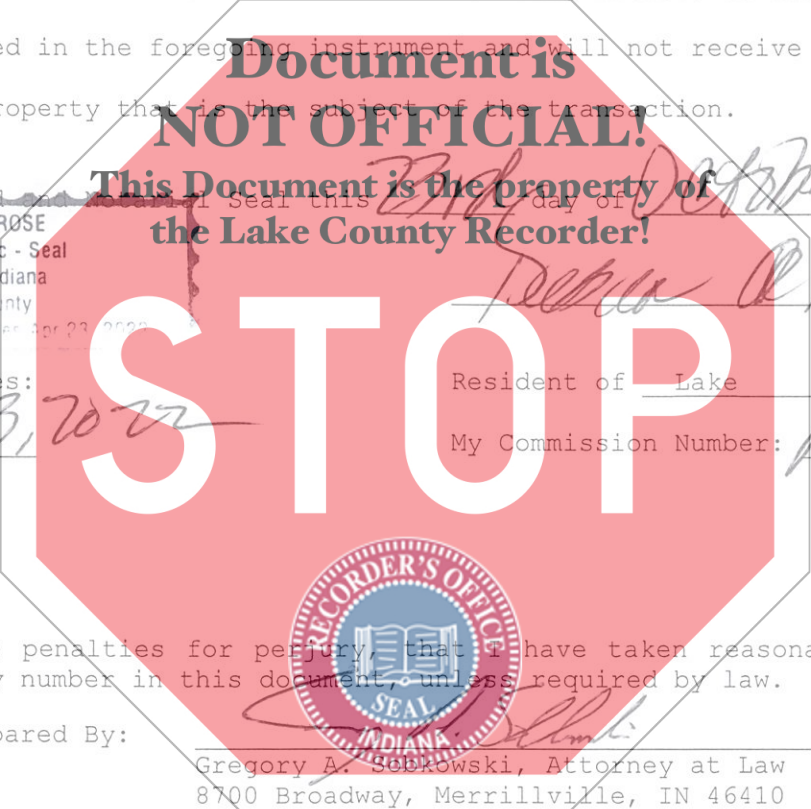


STATE OF INDIANA)
)SS:
)

Before a Notary Public in and for said County and State, personally appeared Lisa 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 Aguel 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 official seal this~~
DEBRA A ROSE
Notary Public - Seal
State of Indiana
Lake County
My Commission Expires for 23, 2022

23rd October, 2020
This Document is the property of the Lake County Recorder!

Debra A Rose
Notary Public

My Commission Expires: April 23, 2022

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