NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL RECORDER

2023-033259

STATE OF INDIANA LAKE COUNTY RECORDED AS PRESENTED

2023 Dec 6 1:32 PM

	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 MIGUEL A COVARRUBIAS, represented by the Sworm Statement of Notice Of Intention To Hold Hospital Lien which was executed on the 31ST day of OCTOBER, 2017, and recorded on the 16TH day of NOYEMBER, 2017 (as instrument number 2017-078205), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of MIGUEL A COVARRUBIAS, in the amount of SEVENTY FIVE THOUSAND FOUR HUNDRED THIRTY-SEVEN AND 69/100 (\$75,437.69) Dollars, is released this 23 day of NoVIVIA (2023). THE METHODIST HOSPITAL, INC. BY: Yolanda Jaime 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 path, says that the facts stated in the				
	foregoing are true and correct. Yolanda Jaime				
-	Subscribed and sworn to before me, a Notary Public, this day of Market A 805E DEBRA 805E Lava County - State of Indiana Commission Expires Apr 23, 2030 My Commission Expires Apr 23, 2030 My Commission Expires: 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, unless required by law.					
	This instrument Prepared By: Laura B. Frost, Attorney at Law 8700 Broadway, Merrillville, IN 46410				
	2222-269001				

251-AMOUNT CASH_ CHARGE CHECK # OVERAGE COPY NON-COM. CLERK

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL RECORDER STATE OF INDIANA 2023-033259

1:32 PM 2023 Dec 8

LAKE COUNTY
RECORDED AS PRESENTED

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THE METHODIST HOSPITAL

	Yolafida Jaime						
	STATE OF INDIANA)						
E	COUNTY OF LAKE) SS:						
	Yolanda Jaime, being the Manager Patient Accounts for the Northlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her path, says that the facts stated in the foregoing are true and correct.						
	Yolands Jaime						
,	Subscribed and sworn to before me, a Notary Public, this 2 day of 1/1011 18002						
	DEBRAA ROSE Notary Public - Sall Lake County-State of Indiana Commission Rumber (RP053049 (Notary Public) Notary Public Notary Public						
1	A Resident of Will County						
	My Commission Expires: My Commission Number: Aff 0653099 April 297030						
	I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social						

Laura B. Frost, Attorney at Law 8700 Broadway, Merrillville, IN 46410

2222-269001

This instrument Prepared By:

security number in this document, unless required by law.

	AMOUNT_	251-	
	CASH	CHARGE	-
C	CHECK #	28669	•
7	OVERAGE		
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	CLERK	17/	-