

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2022-023068

8:49 AM 2022 Jul 16

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 ANTHONY BOOYER, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 30th day of October, 2019, and recorded on the 15th day of November, 2019 (as instrument number 2019-079294), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of ANTHONY BOOYER, in the amount of Five Thousand Four Hundred Twenty Eight & 37/100 (\$5,428.37) Dollars, is released this 14 day of July, 2022.

THE METHODIST HOSPITALS, INC.

BY: [Signature]
Anthony Dowdell

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Anthony Dowdell, 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.

[Signature]
Anthony Dowdell

Subscribed and sworn to before me, a Notary Public, this 15th day of July, 2022.

DEBRA A ROSE
Notary Public - Seal
Lake County - State of Indiana
Commission Number NP0653049
My Commission Expires Apr 23, 2030

[Signature]
Notary Public
A Resident of Lake County
My Commission Number: NP0653049

My Commission Expires:

April 23, 2030

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:

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

#7777-294800

AMOUNT 25-
CASH CHARGE
CHECK # 26707
OVERAGE _____
COPY _____
NON-COM _____
CLERK JK

E