NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL RECORDER STATE OF INDIANA

2022-024898

LAKE COUNTY FILED FOR RECORD

2:41 PM 2022 Aug 2

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 SHYLONDA
EASTLAND, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien
which was executed on the 6th day of August, 2021, and recorded on the 25th day of August,
2021 (as instrument number 2021-056593), in the Office of the Recorder of Lake County,
Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of
SHYLONDA EASTLAND, in the amount of Seven Thousand Seven Hundred Forty Seven &
50/100 (\$7,747.50) Dollars, is released this 29th day of July . 2022.
In the event full payment of the hospital charges has not been received, The Methodist
II to the total to

Hospitals, Inc. specifically reserves all rights it may have to collect the balance due. THE METHODIST HOSPITAL STATE OF INDIANA COUNTY OF LAKE Anthony Dowdell, being the Manager Patient Account 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. Anthony Dowdell Subscribed and sworn to before me, a Notary Public, this 2022 DEBRA A ROSE DEBKA A KUSE
Notary Public - Seal
Lake County - State of Indiana
Commission Number NP0653049
dy Commission Expires Apr 23, 2030 A Resident of 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. Laura This instrument Prepared By: Laura B. Frost, Attorney at Law 8700 Broadway, Merrillville, IN 46410 #7777-309542

	AMOUNT	22	
	CASH	CHARGE	
	CHECK #	26814	
	OVERAGE		
1	COPY		
E	NON-COM		
	CLERKX	*	