

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2022-024900

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., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against JOANN WILLIAMS, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 23rd day of September, 2021, and recorded on the 1st day of October, 2021 (as instrument number 2021-061911), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of JOANN WILLIAMS, in the amount of Three Thousand Five Hundred Seventy Nine (\$3,579.00) Dollars, is released this 19th 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 19th day of July, 2022.

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

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

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

#7777-312204

AMOUNT 25-
CASH CHARGE
CHECK # 26814
OVERAGE _____
COPY _____
NON-COM _____
CLERK VL

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