NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL RECORDER STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2022-037170

2:30 PM

2022 Oct 28

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 HOSI Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against GABRIE represented by the Sworn Statement Of Notice Of Intention To Hold Hospite executed on the 18th day of August, 2022, and recorded on the 29th day of instrument number 2022-031380), in the Office of the Recorder of Lake Correasonable and necessary charges for hospital care, treatment and maintenan SWELL, in the amount of One Thousand Three Hundred Eighty One & 25/Dollars, is released this Addiday of One of the Correction of the hospital charges has not been received. The	al Lien which was August, 2022 (as unty, Indiana, for the uce of GABRIELLA 100 (\$1,381.25)
Hospitals, Inc. specifically reserves all rights it may have to collect the balan	nce due.
THE METHODIST HOSPITALS	, JNC.
BY: Anthony Dowdell STATE OF INDIANA	
) SS:	
COUNTY OF LAKE	
Anthony Dowdell, being the Manager Patient Accounts for the Northlake C Methodist Hospitals, Inc., being duly sworn upon her outh, says that the fac foregoing are true and correct. Anthony Dowdell Subscript C girls sworn to before me, a Notary Public, this day of C Motary Public - Seal Lake County - State of Indiana Commission Number Notes 3048 My Commission Expires Apr 23, 2030 Resident of LAMM So	Campus of The ts stated in the 1970 1970 1970 1970 1970 1970 1970 1970
My Commission Expires: My Commission Number:	10055-17
I affirm, under the penalties for perjury, that I have taken reasonable care to security number in this document, unless required by law.	redact each social
This instrument Prepared By: Faura B. Frost, Attorney at Law 8700 Broadway, Merrillville, IN 46410	
#7777-322169	AMOUNT 25- CASH CHARGE 27/40
E	OVERAGE
	NON-COM_
	CLERK PY