

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2023-005626

3:22 PM 2023 Feb 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., Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against ALEXANDER MEDINA, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 17th day of November, 2022, and recorded on the 9th day of December, 2022 (as instrument number 2022-040817), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of ALEXANDER MEDINA, in the amount of Four Thousand Two Hundred Seventy Five (\$4,275.00) Dollars, is released this 8th day of February, 2023.

THE METHODIST HOSPITALS, INC.

BY: [Signature]
Anthony Dowdell

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Anthony Dowdell, being the Manager Patient Accounts 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.

[Signature]
Anthony Dowdell

Subscribed and sworn to before me, a Notary Public, this 8th day of February, 2023.

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

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

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

#7777-325078

AMOUNT 25-
CASH _____ CHARGE _____
CHECK # 21574
OVERAGE _____
COPY _____
NON-COM _____
CLERK ll