

# NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
RECORDED AS PRESENTED

**2023-028218**

10:16 AM 2023 Oct 6

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 Lydia Lemmons, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 17TH day of AUGUST, 2023, and recorded on the 29TH day of AUGUST, 2023 (as instrument number 2023-025121), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of Lydia Lemmons, in the amount of NINE THOUSAND TWO HUNDRED TWENTY-THREE (\$9,223.00) Dollars, is released this 21<sup>st</sup> day of September, 2023.

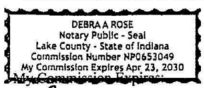
THE METHODIST HOSPITALS, INC.  
BY: [Signature]  
Anthony Dowdell

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

Anthony Dowdell, being the Manager Patient Accounts for the 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 21<sup>st</sup> day of Sept, 2023.



[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

7777-337197

AMOUNT +25  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 28448  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK [Signature]