NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER

STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

2023-028219

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., SOUTHLAKE Campus, 8701 Broadway, Merrillville, Indiana 46410, against Sami Kamleh, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 15TH day of JUNE, 2023, and recorded on the 30 day of JUNE, 2023 (as instrument number 2023-016621), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of Sami Kamleh, in the amount of EIGHT THOUSAND FOUR HUNDRED TWENTY-NINE 38/100 ($8,429.38) Dollars, is released this 21st day of September, 2023.

In the event full payment of the hospital charges has not been received, The Methodist Hospitals, Inc. specifically reserves all rights it may have to collect the balance due.

THE METHODIST HOSPITALS, INC.

BY: _____
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.

_____
Anthony Dowdell

3. Subscribed and sworn to before me, a Notary Public, this 25th day of Sept, 2023.

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

_____
Notary Public

A Resident of Lake County

My Commission Expires: April 23, 2030

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: _____
Laura B. Frost, Attorney at Law
8700 Broadway, Merrillville, IN 46410

777-333784.02

AMOUNT $25.-
CASH _____ CHARGE _____
CHECK # 28449
OVERAGE _____
COPY _____
NON-COM _____
CLERK KD

Property of Lake County Recorder