

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

2023-028220
10:18 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 Jorge Saucedo, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 23rd day of February, and recorded on the 2nd day of March (as instrument number 20223-006581), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of Jorge Saucedo, in the amount of Thirty-Five Thousand Eight Hundred Eight and 05/100 (\$35,808.05) Dollars, is released this 20th 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 20th day of September, 2023.

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

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

My Commission Expires:
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

7777-329812

AMOUNT \$25.-
CASH _____ CHARGE _____
CHECK # 23048
OVERAGE _____
COPY _____
NON-COM _____
CLERK LD