NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

2023-033257

1:32 PM 2023 Dec 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 BRIGITTE N MCGEE, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 22ND day of 2022, JULY, and recorded on the 23RD day of APRIL, 2022 (as instrument number 2019-045382), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of BRIGITTE N MCGEE, in the amount of TWENTY FIVE THOUSAND NINE HUNDRED SIXTY FOUR & 28/100 ($25964.28) Dollars, is released this 28th day of November, 2023.

THE METHODIST HOSPITALS, INC.

BY: Yolanda Jaime
Yolanda Jaime

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Yolanda Jaime, 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.

Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 28th day of November.

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

Debra A Rose
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: Laura B. Frost
Laura B. Frost, Attorney at Law
8700 Broadway, Merrillville, IN 46410

2222-288434

AMOUNT 25 -
CASH ____ CHARGE ____
CHECK # 28669
OVERAGE ____
COPY ____
NON-COM ____
CLERK AM

Property of Lake County Recorder