

# NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
RECORDED AS PRESENTED

2023-033260

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., Southlake Campus, 8701 Broadway, Merrillville, Indiana 46410, against TERRANCE WEST, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 11th day of June, 2018, and recorded on the 27th day of June, 2018 (as instrument number 2018-040072), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of TERRANCE WEST, in the amount of Five Thousand Three Hundred and 72/100 (\$5,300.72) Dollars, is released this 20th 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 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.

Yolanda Jaime  
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 20th day of November

A Resident of Lake County

My Commission Number: NP0653049

DEBRA A ROSE  
Notary Public - Seal  
Lake County - State of Indiana  
My Commission Number: NP0653049  
My Commission Expires: 12/31/2024

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

2222-276436

AMOUNT 25.-  
CASH CHARGE  
CHECK # 18267  
OVERAGE  
COPY  
NON-COM  
CLERK dm