

GINA PIMENTEL
RECORDER

2023-033273

STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

1:32 PM 2023 Dec 8

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 RICHARD SPENCER, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 21st day of October, 2019, and recorded on the 31st day of October, 2019 (as instrument number 2019-0751116), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of RICHARD SPENCER, in the amount of Six Thousand Five Hundred Twenty Seven (\$6,527.36) Dollars, is released this 14th day of November, 2023.

THE METHODIST HOSPITALS, INC.

BY

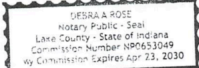
Yolanda Jaime

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 14th day of November, 2023.



A Resident of Lake County, Indiana

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, Attorney at Law
8700 Broadway, Merrillville, IN 46410

2222-294536

AMOUNT 25
CASH CHARGE
CHECK # 281094
OVERAGE
COPY
NON-COM
CLERK