

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

2023-033274

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 EARL RYAN III, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 20TH day of JULY, 2023, and recorded on the 17TH day of AUGUST, 2023 (as instrument number 2033-024362), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of EARL RYAN III, in the amount of ONE THOUSAND EIGHT HUNDRED FORTY-FOUR (\$1,844.00) Dollars, is released this 14th day of November, 2023.

THE METHODIST HOSPITALS, INC.

BY: [Signature]
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.

[Signature]
Yolanda Jaime

Subscribed and sworn to before me, a Notary Public, this 14th day of November, 2023.

DEBRA A ROSI
Notary Public - eal
Lake County - State of Indiana
Commission Number 020653049
My Commission Expires: Apr 23, 2030

[Signature]
Notary Public

My Commission Expires:

A Resident of Lake County
My Commission Number: 020653049

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

AMOUNT 25
CASH CHARGE
CHECK # 28654
OVERAGE
COPY
NON-COM
CLERK [Signature]

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