NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL RECORDER 2023-033275

STATE OF INDIANA LAKE COUNTY RECORDED AS PRESENTED

1:32 PM 2023 Dec 6

RETURN TO: HODGES & DAVIS, P.C. Attorneys at Law 8700 Broadway Merrillville, IN 46410

THE METHODIST HOSPITALS, INC.

RELEASE OF HOSPITAL LIEN

This is to certify that a certain Hospital Lien by THE METHODIST HOSPITALS, INC., SOUTHLAKE Campus, 600 Grant Street, Gary, Indiana 46402, against <u>DEBRA DAVIS</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>10TH</u> day of <u>AUGUST</u>, 2023, and recorded on the <u>23RD</u> day of <u>AUGUST</u>, 2023 (as instrument number <u>2023-024753</u>), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>DEBRA DAVIS</u>, in the amount of <u>ELEVEN THOUSAND TWO DOLLARS</u> (\$11,002.00) Dollars, is released this Letter and the superior of the resource of the superior of the released this Letter than the superior of the resource of the released this Letter than the superior of the released this Letter than the superior of the released this Letter than the released the released this Letter than the released this Letter than the released the released this Letter than the released the released the released the released the released this Letter than the released the released the released the released this Letter than the released the releas

BY: Solder Reene
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.
Ydlanda Jaime
Subscribed and sworn to before me, a Notary Public, this day of UVP 2023.
DEBRA A ROSI NOBER - Paide - Seal Lake County - State of rolana Commission - Sate of rolana
Commission is Jack 3 release Ay Commission is Jack 3 release Ay Commission Reprise 2 at 23 2000 My Commission Reprise 3 2000 My Commission Number 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
A951/173,7030

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

7777-336719

AMOUNT 45
CASH CHARGE
CHECK # 28 45
OVERAGE
COPY
NON-COM/