

# NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
RECORDED AS PRESENTED

2023-033276

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 MARK BRUSZEWSKI, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 26th day of January, 2015, and recorded on the 18th day of February, 2015 (as instrument number 2015-009342), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of MARK BRUSZEWSKI, in the amount of Six Thousand Nine Hundred Eighty Two and (\$6,982.00) Dollars, is released this 11th 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 11th day of November, 2023.

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

[Signature]  
Notary Public

My Commission Expires:  
April 23, 2030

A Resident of Lake County  
My Commission Number: NP0653049

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

7777-236865

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

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