NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA LAKE COUNTY RECORDED AS PRESENTED

10:22 AM 2024 Feb 1

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

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 GLENN A JONES SR, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 19th day of June, 2019, and recorded on the 26th day of July, 2019 (as instrument number 2019-046686), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of GLENN A JONES SR, in the amount of Nine Thousand Ninety-Five and 51/100 (\$9,095.51) Dollars, is released this THE METHODIST HOSPITALS, INC. BY: Debra Bergonia
STATE OF INDIANA)) SS: COUNTY OF LAKE)
Debra Bergonia, 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. Debra Bergonia
Subscribed and sworn to before me, a Notary Public, this The day of John Comments 2029
DEBA A ROSE Notary Public - Seal Lake Country - State of Indiana Commission Number NPOS 3049 My Commission Expire A pr 23, 2030 My Commission Expire A pr 23, 2030 My Commission Number: My Commission Number:
H911/12, 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

2222-288478

AMOUNT 25-CASH CHARGE CHECK # 338 4 OVERAGE COPY NON-COM