

GINA NIMMEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

2024-019907

12:27 PM 2024 Jul 28



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 TIMOTHY TAYLOR, represented by the Sworn Statement Of Intention To Hold Hospital Lien which was executed on the 24th day of March, and recorded on the 13th day of April (as instrument number 2023-010575), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of TIMOTHY TAYLOR, in the amount of Six Thousand Eight Hundred Twenty-Five and 51/100 (\$6,825.51) Dollars, is released this 19th day of July, 2024.

In the event full payment of the hospital charges has not been received, The Methodist Hospitals, Inc. specifically reserves all rights it may have to collect the balance due.

THE METHODIST HOSPITALS, INC.

BY:

Debra Bergonia
Debra Bergonia

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

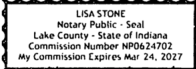
Debra Bergonia, being the Manager Patient Accounts for the Northlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct.

Debra Bergonia
Debra Bergonia

Subscribed and sworn to before me, a Notary Public, this 22nd day of July, 2024.

Buina Stone
Notary Public
Resident of Rome County
My Commission Number: NP0624702

My Commission Expires:
March 24, 2027



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
Laura B. Frost, Attorney at Law
8700 Broadway, Merrillville, IN 46410

AMOUNT 25
CASH CHARGE
CHECK # 29213
OVERAGE
COPY
NON-COM
CLERK LF