NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

2024-019912

12:27 PM 2024 Jul 26

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 SHANITA SELLS, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 17th day of November, 2022, and recorded on the 22nd day of November, 2022 (as instrument number 2022-039465), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of SHANITA SELLS, in the amount of Three Thousand One Hundred Eighty One ($3,181.00) Dollars, is released this 19th day of July, 2024.

THE METHODIST HOSPITALS, INC.

BY: Debra Bergonia
Debra Bergonia

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Debra Bergonia, being the Manager Credit and Collections 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.

Lisa Stone
Notary Public

A Resident of Lake County

My Commission Expires:
March 24, 2024

My Commission Number: NP 0624702

LISA STONE
Notary Public - Seal
Lake County - State of Indiana
Commission Number NP0624702
My Commission Expires Mar 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

7777-323151.002

AMOUNT 25-
CASH ____ CHARGE ____
CHECK # 29013
OVERAGE ____
COPY ____
NON-COM ____
CLERK CK

Property of Lake County Recorder