

DIANA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
RECORDED AS PRESENTED

2024-019913

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 Laquanece James, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 22ND day of MAY, 2024, and recorded on the 17TH day of JUNE, 2024 (as instrument number 2024-015846), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of Laquanece James, in the amount of ONE THOUSAND THIRTY-SIX DOLLARS & 80-100 (\$1,036.80) 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

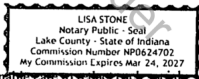
Subscribed and sworn to before me, a Notary Public, this 20th day of July, 2024.

Lisa Stone  
Notary Public

My Commission Expires:

March 24, 2027

A Resident of Howe County  
My Commission Number: NP 0624702



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

7777-355966

AMOUNT 25-  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 2927  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK ct