

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
2024-030145
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED
9:23 AM 2024 Oct 17

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 JASMINE SHUMPERT, represented by the Sworn Statement Of Intention To Hold Hospital Lien which was executed on the 21st day of February, 2022, and recorded on the 17th day of March, 2022 (as instrument number 2022-010262), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of JASMINE SHUMPERT, in the amount of One Thousand Two Hundred Eighty Six & 75/100 (\$1,286.75) Dollars, is released this 19th day of October, 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)

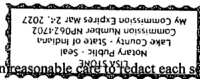
Debra Bergonia, being the Manager Credit and Collections for the Northlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct.

Debra Bergonia
Debra Bergonia

Subscribed and sworn to before me, a Notary Public, this 7th day of October, 2024.

Riva Stone
Notary Public
Resident of Kave 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

7777-315813

AMOUNT 25-
CASH _____
CHECK # 2958
OVERAGE _____
COPY _____
NON-COM _____
CLERK AM