## DOCUMENT NOT AN O 2024-030146 RECORDER

STATE OF INDIANA LAKE COUNTY RECORDED AS PRESENTED

2024 Oct 17 9:23 AM

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 AKHIEM JACKSON, represented by the Sworn Statement of Notice Of Intention To Hold Hospital Lien which was executed on the 8th day of JULY 2024, and recorded on the 19TH day of JULY 2024 (as instrument number 2024-01943), in the Office of the Recorder of Lake County, Indiana, for treasonable and necessary charges for hospital care, treatment and maintenance of AKHIEM JACKSON, in the amount of ONE THOUSAND ONE HUNDRED & EIGHTEEN DOLLAR: 00/100 (\$1,118.00) Dollars, is released this 15H day of 1004-224 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: Delyn Bergonia
STATE OF INDIANA ) ) SS:
COUNTY OF LAKE ) 35.
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
Subscribed and sworn to before me, a Notary Public, this 7th day of Octobed., 2024.
Resident of AUA County
My Commission Expires:  My Commission Number: NP0624702  My Commission Number: NP0624702  April 17051  My Commission Number: NP0624702  April 170524702  April
I affirm, under the penalties for perjury, that I have taken resonable care to be security number in this document, unless required by law.
This instrument Prepared By:  Laura B. Frost, Attorney at Law 8700 Broadway, Merrillville, IN 46410

7777-359188

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