## **NOT AN OFFICIAL DOCUMENT**

GINA PIMENTEL RECORDER STATE OF INDIANA LAKE COUNTY RECORDED AS PRESENTED

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2024-030147

9:23 AM 2024 Oct 17



RETURN TO: HODGES & DAVIS, P.C. Attorneys at Law

	8700 Broadway Merrillville, IN 46410
RELEAS	E OF HOSPITAL LIEN
NORTHLAKE Campus, 600 Grant Stree represented by the Sworn Statement Of Nexeotted on the 29TH day of JULY, 202-instrument number 2024-026166), in the reasonable and necessary charges for hos Miranda, in the amount of SEVENTEEN (\$17059.29) Dollars, is released this	Lien by THE METHODIST HOSPITALS, INC., t, Cary, Indiana 46402, against Mariana Miranda. lotice Of Intention To Hold Hospital Lien which was 4, and recorded on the 28TH day of AUQUST_2024 (c) Office of the Recorder of Lake County, Indiana, for the pital care, treatment and maintenance of Mariana THOUSAND & FIFTY NINE DOLLARS 29/100 r day of 1/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2
	ghts it may have to collect the balance due.
OF	THE METHODIST HOSPITALS, INC.  BY: 20 GOYUM  Debra Bergonia
STATE OF INDIANA ) ) SS: COUNTY OF LAKE )	°Co.
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 Thay of October, 2024.	
My Commission Expires: Mach 74, 702	Notary Public County  My Commission Number: NPO 2 4702  LUC 'Y INV SHART INVSCALLARY INVSC
I affirm, under the penalties for perjury, to security number in this document, unless	hat I have taken reasonable care to redact each social
	Frost, Attorney at Law badway, Merrillville, IN 46410
7777-362029	

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