

# NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
RECORDED AS PRESENTED

2024-030148

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., SOUTHLAKE Campus, 8701 Broadway, Merrillville, Indiana 46410, against John Charnitski III, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 17TH day of AUGUST, 2023, and recorded on the 30TH day of AUGUST, 2023 (as instrument number 2023-025274), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of John Charnitski III, in the amount of FOURTEEN THOUSAND NINETY-THREE AND 26/100 (\$14,093.26) Dollars, is released this 1st 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 Southlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct.

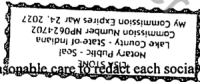
Debra Bergonia  
Debra Bergonia

3 Subscribed and sworn to before me, a Notary Public, this 7<sup>th</sup> day of October, 2024.

B. Reed  
Notary Public

My Commission Expires:  
March 24, 2027

A Resident of Laure County  
My Commission Number: NP 0624702



I affirm, under the penalties for perjury, that I have taken reasonable care to reflect 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

7777-336774

AMOUNT 25-  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 29358  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK CM