*NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL RECORDER STATE OF INDIANA LAKE COUNTY RECORDED AS PRESENTED

2024-030149

2024 Oct 17

9:23 AM

RETURN TO: HODGES & DAVIS, P.C. Attorneys at Law 8700 Broadway Merrillville, IN 46410

RELEASE OF HOSPITAL LIEN

NORTHLAKE Campus, 600 Grant represented by the Swom Statemete executed on the 15TH day of JUNI instrument number 2023-016479), reasonable and necessary charges for WILLIAMS, in the amount of TW AND 05/100 (\$26,189.05) Dollars In the event full payment of the h	spital Lien by THE METHODIST HOSPITALS, INC., t Street, Gary, Indiana 46402, against TIERNEY WILLIAM to Or Notice Of Intention To Hold Hospital Lien which was in the Office of the Recorder of Lee County, Indiana, for to rhospital care, treatment and maintenance of TIERNEY ENTY-SIX THOUSAND ONE HUNDRED EIGHTY-NINI, is released this State and of State and of State and of State and the State and of State and
);·	THE MENHODIST HOSPITALS, INC. BY: Debra Bergonia
STATE OF INDIANA)) SS:	70
COUNTY OF LAKE)	C
	r. Credit and Collections for the Northlake Campus of The lly sworn upon her oath, says that the facts stated in the Debra Bergonia
Subscribed and swom to before r	ne, a Notary Public, this $\frac{1}{2}$ day of $\frac{1}{2}$ day of $\frac{1}{2}$
My Commission Expires: Mace 17 24, 7027	Resident of Number: Wide 24 702 Notary Public County My Commission Number: Wide 24 702 Lisa STONE Notary Public Soal Natary Public County Soal Natary Public S
I affirm, under the penalties for per security number in this document,	jury, that I have taken reasonable care to redact each social
	Facusa S. Frac ura B. Frost, Attorney at Law 00 Broadway, Merrillville, IN 46410

25-2222-333731 AMOUNT CASH CHECK # OVERAGE COPY. NON-COM

CLERK