## IAL DOCUMENT 2024-030798

STATE OF INDIANA LAKE COUNTY RECORDED AS PRESENTED

2:35 PM 2024 Oct 28

> 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 Zachary Nally, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 22ND day of MAY, 2024, and recorded on the 20TH day of JUNE, 2024 (as instrument number 2024-016320), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of Zachary Nally, in the amount of ONE THOUSAND NINE HUNDRED & FIFTEEN DOLLARS 00/100 (\$1915.00) Dollars, is released this 10th day of 00th , 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.
9/	BY: Debra Bergonia
STATE OF INDIANA ) ) SS:	0
COUNTY OF LAKE )	Co
<u>Debra Bergonia</u> , being the <u>Manager Credit and Collections</u> 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.	Dem Bergenier
	Debra Bergonia
Subscribed and sworn to before me, a Notary Public, this day of 10001, 2024.	
	Resident of RUN County 1 24 7 2 2
	My Commission Number: 1/P 0624702
	LISA STONE NOTATY Public - Seal Lake County - State of Indiana Commission Number NP06/24702 My Cognynission Expres Mar 24 , 2027
I affirm, under the penalties for perjury, that I have taken reasonable care to edant each social security number in this document, unless required by law.	
This instrument Prepared By: Laura B. Frost, Attorney at Law	
8700 Broa	dway, Merrillville, IN 46410

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