NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

2024-030799
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., SOUTHLAKE Campus, 8701 Broadway, Merrillville, Indiana 46410, against Christopher Winston, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 15TH day of JUNE, 2023, and recorded on the 29th day of JUNE, 2023 (as instrument number 2023-016481), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of Christopher Winston, in the amount of ONE THOUSAND NINETY-ONE AND 50/100 ($1091.50) Dollars, is released this 16th 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 21st day of October 2024.

Lisa Stone
Notary Public

A Resident of Lake County
My Commission Number: NP0624702

My Commission Expires:
March 24, 2027

LISA STONE
Notary Public - Seal
Lake County - State of Indiana
Commission Number NP0624702
My Commission Expires Mar 24, 2027

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

7777-333733

AMOUNT 25-
CASH ____ CHARGE ____
CHECK # 29383
OVERAGE ____
COPY ____
NON-COM ____
CLERK DM

County of Lake County Recorder