NOT AN OFFICIAL 2024-034101 RECORDER

STATE OF INDIANA LAKE COUNTY RECORDED AS PRESENTED

2024 Nov 27 11:04 AM



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 Thomas E Williams. 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 17TH day of JUNE_2024 (as instrument number 2024-015847), in the Office of the Recorder of Lake County, Indiana, for threasonable and necessary charges for hospital care, treatment and maintenance of Thomas E Williams, in the amount of FOUR THOUSAND SEVEN HUNDRED & TEN DOLLARS 00/10 (\$4,710.00) Dollars, is released this
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
STATE OF INDIANA) COUNTY OF LAKE) SS:
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 8 day of Multiwood. , 2024.
My Commission Expires: My Commission Number: LishSTONE Notary Public Resident of DUU County Ly 702 LishSTONE Notary Public Not
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, Attorney at Law 8700 Broadway, Merrill ville, IN 46410

7777-356382

AMOUNT CASH_ CHARGE CHECK # OVERAGE, COPY_ NON-COM CLERK