

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 026720

2014 MAY 13 AM 9:08

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2014 006827 DATED February 4, 2014

Hospital Reimbursement Services, Inc., agents for Franciscan Alliance Munster, for and in consideration of payment and/or benefits totaling \$20,750.05, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Robert Popovich that now exists against all parties, including State Farm Insurance, as a result of **Robert Popovich's** treatment, account numbers: 213286217, 213276495, 214007319, treatment dates: 12/18/2013, 01/07/2014, 01/21/2014, arising out of an accident which occurred on or about 07/20/2013.

I have read the above Release and I hereunto set my hand and seal this 5th day of

May, 2014.

Franciscan Alliance Munster

BY: Neil J. Greene
Neil J. Greene
Hospital Reimbursement Services, Inc.
As Agent

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

OFFICIAL SEAL
CAMILLE M ZUCCHERO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 10/19/17

On this 5th day of May, 2014, before me personally came Neil J. Greene, known to me to be the individual who executed this Release and acknowledge that he fully understands its contents and freely executed same as his free and voluntary act.

Lake County
File No.: 13-69807, 14-70963, 14-72435



Camille M. Zucchero

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