

2015 066945

2015 SEP 29 AM 9:28

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2014 052928 DATED 2014 SEP 3

Hospital Reimbursement Services, Inc., agents for Franciscan Alliance Munster, for and in consideration of payment and/or benefits totaling \$4,390.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Vicki L Oski that now exists against all parties, including State Farm Insurance, as a result of **Vicki L Oski's** treatment, account number: 214223114, treatment date: 08/19/2014, arising out of an accident which occurred on or about 05/05/2014.

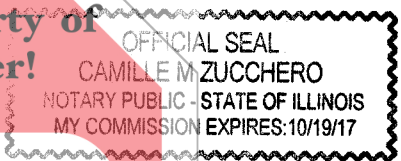
I have read the above Release and I hereunto set my hand and seal this 22nd day of September, 2015.

Franciscan Alliance Munster

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

As Agent **This Document is the property of the Lake County Recorder!**

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)



On this 22nd day of September, 2015, before me personally came Neil J. Greene, As Agent for Franciscan Alliance Munster, known to me to be the individual who executed this Release and acknowledge that he/she fully understands its contents and freely executed same as his/her free and voluntary act.

Lake County
File No.: 14-96902



Neil J. Greene

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