

2016 057461

STATE OF ILLINOIS
LAKE COUNTY
FILED FOR RECORD

2016 AUG 24 AM 9:37

MICHAEL B. CROWN
RECORDER

RELEASE OF RECORDED LIEN 2016 037184 DATED 2016 JUN 16

Hospital Reimbursement Services, Inc., agents for Franciscan Alliance Munster, for and in consideration of payment and/or benefits totaling \$1,062.35, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Tori Smits that now exists against all parties, including State Farm, as a result of **Tori Smits's** treatment, account number: 216098263, treatment date: 03/22/2016, arising out of an accident which occurred on or about 03/21/2016.

I have read the above Release and I hereunto set my hand and seal this 16th day of

August, 2016.

Franciscan Alliance Munster

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

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OFFICIAL SEAL
CAMILLE M. ZUCCHERO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 10/31/17

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

STOP

On this 16th day of August, 2016, 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.: 16-159010



[Signature]

ck. 12. - E
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