

2017 001922

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 JAN 11 AM 9:44

MICHAEL B. BROWN

RELEASE OF RECORDED LIEN 201608824 RECORDER 12/28/16

Hospital Reimbursement Services, Inc., agents for Franciscan Health Munster, for and in consideration of payment and/or benefits totaling \$519.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Kimberly Carlisle that now exists against all parties, including State Farm, as a result of **Kimberly Carlisle's** treatment, account number(s): 216396034 treatment date(s) 11/30/2016, arising out of an accident which occurred on or about 11/30/2016.

I have read the above Release and I hereunto set my hand and seal this 4th day of

January

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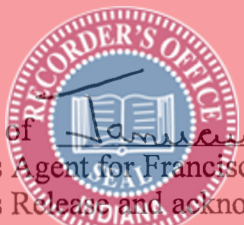
Franciscan Health, Munster

BY:

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

OFFICIAL SEAL
CAMILLE M ZUCCHERO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 10/18/17

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)



On this 4th day of January, 2017, before me personally came Neil J. Greene, As Agent for Franciscan Health 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.

Camille M. Zuchero

Lake County
File No.: 16-177577

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