

2017 001925

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 JAN 11 AM 9:45

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2016 077031 DATED 2016 NOV 16

Hospital Reimbursement Services, Inc., agents for Franciscan Health Dyer, for and in consideration of payment and/or benefits totaling \$9,615.80, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Robert Mirich that now exists against all parties, including State Farm, as a result of **Robert Mirich's** treatment, account number: 216349541 treatment date: 10/23/2016, arising out of an accident which occurred on or about 10/23/2016.

I have read the above Release and hereunto set my hand and seal this 6th day of

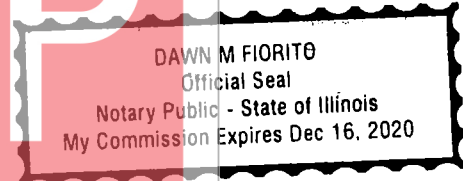
January

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Franciscan Health Dyer

BY:

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



STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

On this 6th day of January, 2017, before me personally came Neil J. Greene, As Agent for Franciscan Health Dyer, 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.

Dawn M Fiorito

Lake County
File No.: 16-174223

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