STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 004316

2017 JAN 19 AM 9:38

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2016085983 DATED 12/20/16

Hospital Reimbursement Services, Inc., agents for Franciscan Health Dyer, for and in consideration of payment and/or benefits totaling $857.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Thomas R Glinski that now exists against all parties, including Geico Insurance, as a result of **Thomas R Glinski**'s treatment, account number(s): 216338035 treatment date(s) 10/12/2016, arising out of an accident which occurred on or about 10/07/2016.

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STOP

I have read the above Release and hereunto set my hand and seal this 10th day of January, 2017

Franciscan Health Dyer

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:10/19/17

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

On this 10th 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.

Camille M. Zucchero

Lake County
File No.: 16-174204

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