

2017 006977

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 FEB -1 AM 9: 00

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2017004312 DATED 01/19/17

Hospital Reimbursement Services, Inc., agents for Franciscan Health Hammond, for and in consideration of payment and/or benefits totaling \$4,724.05, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Marcus Deloney that now exists against all parties, including Westfield Insurance, as a result of **Marcus Deloney's** treatment, account number(s): 216416296 treatment date(s) 12/17/2016, arising out of an accident which occurred on or about 12/17/2016.

I have read the above Release and I hereunto set my hand and seal this 26th day of

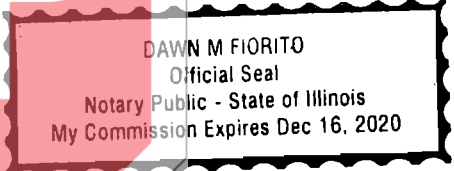
January

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

Franciscan Health Hammond

BY:

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



STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)



On this 26th day of January, 2017, before me personally came Neil J. Greene, As Agent for Franciscan Health Hammond, 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.: 16-178154

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