

2017 047448

2017 AUG -1 AM 8:58

MICHAEL B. BROWN  
RECORDER

RELEASE OF RECORDED LIEN 2017041176 DATED 07/05/17

Hospital Reimbursement Services, Inc., agents for Franciscan Health Munster, for and in consideration of payment and/or benefits totaling \$915.50, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Amanda M Montgomery that now exists against all parties, including State Farm, as a result of **Amanda M Montgomery's** treatment, account number(s): 217173348 treatment date(s) 06/21/2017, arising out of an accident which occurred on or about 06/21/2017.

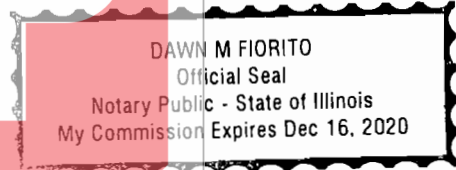
I have read the above Release and hereunto set my hand and seal this 28<sup>th</sup> day of

July

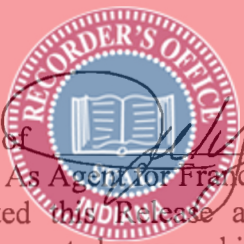
**This Document is the property of  
the Lake County Recorder!**

Franciscan Health Munster

BY: Camille Zucchero  
Camille Zucchero, Client Manager  
Hospital Reimbursement Services, Inc.  
As Agent



STATE OF ILLINOIS )  
                                  )SS  
COUNTY OF LAKE )



On this 28<sup>th</sup> day of July, 2017, before me personally came Camille Zucchero, 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.

Dawn M Fiorito

Lake County  
File No.: 17-192620

AMOUNT \$ 25100  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK# 211239  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-CONF \_\_\_\_\_  
DEPUTY JB

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