

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 050169

2017 AUG 11 AM 8:53

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2017041177 DATED 07/05/17

Hospital Reimbursement Services, Inc., agents for Franciscan Health Munster, for and in consideration of payment and/or benefits totaling \$3,944.50, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Colette K Jen that now exists against all parties, including Geico Insurance and Safeco Insurance, as a result of **Colette K Jen's** treatment, account number(s): 217141160 treatment date(s) 05/20/2017, arising out of an accident which occurred on or about 05/20/2017.

I have read the above Release and I hereunto set my hand and seal this 3rd day of

August

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Franciscan Health Munster

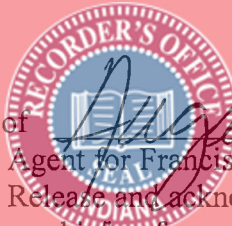
BY:

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

DAWN M FIORITO
Official Seal
Notary Public - State of Illinois
My Commission Expires Dec 16, 2020

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

On this 3rd day of August, 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.



Dawn M Fiorito

Lake County
File No.: 17-192619

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