STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 069123

2017 OCT 12 AM 9:52

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2017 041181 DATED 07/05/2017

Hospital Reimbursement Services, Inc., agents for Franciscan Health Munster, for and in consideration of payment and/or benefits totaling $4,629.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Tracey Bradford that now exists against all parties, including Allstate Insurance, as a result of **Tracey Bradford**'s treatment, account number: 217097894 treatment date: 04/07/2017, arising out of an accident which occurred on or about 04/06/2017.

Document is
NOT OFFICIAL!
This Document is the property of
the Lake County Recorder!

I have read the above Release and I hereunto set my hand and seal this 3rd day of October 2017.

Franciscan Health Munster

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:10/19/21

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

On this 3rd day of October, 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.

Camille M. Zucchero

Lake County
File No.: 17-191958

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18