

2017 069126

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 OCT 12 AM 9:52

MICHAEL B. BROWN  
RECORDER

RELEASE OF RECORDED LIEN 2017 063727 DATED 09/20/2017

Hospital Reimbursement Services, Inc., agents for Franciscan Health Hammond, for and in consideration of payment and/or benefits totaling \$6,027.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Marguerita G Wilson that now exists against all parties, including State Farm American Freedom Insurance, as a result of Marguerita G Wilson's treatment, account number: 217245021 treatment date: 08/31/2017, arising out of an accident which occurred on or about 08/31/2017.

**Document is NOT OFFICIAL!**  
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I have read the above Release and I hereunto set my hand and seal this 3<sup>rd</sup> day of October, 2017.

Franciscan Health Hammond  
BY: Neil J. Greene  
Neil J. Greene  
Hospital Reimbursement Services, Inc.  
As Agent

STATE OF ILLINOIS )  
)SS  
COUNTY OF LAKE )

OFFICIAL SEAL  
CAMILLE M ZUCCHERO  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES: 10/19/21



On this 3<sup>rd</sup> day of October, 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.

Camille M. Zuccherro

Lake County  
File No.: 17-198091

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