

2017 069127

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 OCT 12 AM 9:52

MICHAEL B. BROWN  
RECORDER

RELEASE OF RECORDED LIEN 2017 058265 DATED 08/29/2017

Hospital Reimbursement Services, Inc., agents for Franciscan Health Crown Point, for and in consideration of payment and/or benefits totaling \$2,269.10, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Nicole Wallace that now exists against all parties, including State Farm, as a result of Nicole Wallace's treatment, account number: 617131461 treatment date: 08/03/2017, arising out of an accident which occurred on or about 08/03/2017.

I have read the above Release and I hereunto set my hand and seal this 4<sup>th</sup> day of

October

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

Franciscan Health Crown Point

BY:

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

STATE OF ILLINOIS )  
                                  )SS  
COUNTY OF LAKE )



On this 4<sup>th</sup> day of October, 2017, before me personally came Neil J. Greene, As Agent for Franciscan Health Crown Point, 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.: 17-196419

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