

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 082525

2017 DEC -6 AM 9:05

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2016 068730 DATED 10/12/2016

Hospital Reimbursement Services, Inc., agents for Franciscan Health Munster, for and in consideration of payment and/or benefits totaling \$6,794.67, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Valorie A Lamb that now exists against all parties, including American Family Insurance, as a result of **Valorie A Lamb's** treatment, account numbers: 216317170/216146292/216279118 treatment dates: 09/27/2016;05/06/2016;08/31/2016, arising out of an accident which occurred on or about 02/17/2016.

I have read the above Release and Thereunto set my hand and seal this 27th day of

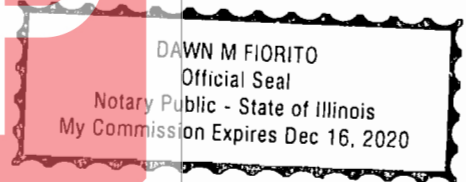
November

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

Franciscan Health Munster

BY: Neil J. Greene

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



STATE OF ILLINOIS)

)SS

COUNTY OF LAKE)

On this 27th day of November, 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.: 16-171033/17-180812/17-201187

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