

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD.

2017 082526

2017 DEC -6 AM 9:05

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2017 070165 DATED 10/17/17

Hospital Reimbursement Services, Inc., agents for Franciscan Health Dyer, for and in consideration of payment and/or benefits totaling \$3,589.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Kelly D Buchhaas that now exists against all parties, including Farmers Insurance, as a result of **Kelly D Buchhaas's** treatment, account number(s): 217223264 treatment date(s) 08/10/2017, arising out of an accident which occurred on or about 08/10/2017.

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

November, 2017

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

Franciscan Health Dyer

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 27th day of November, before me personally came Neil J. Greene, As Agent for Franciscan Health Dyer, 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 Fiorito

Lake County
File No.: 17-196278

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