

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 085032

2017 DEC 14 AM 9:47

MICHAEL B. BROWN  
RECORDER

RELEASE OF RECORDED LIEN 2017 021093 DATED 04/0420/2017

Hospital Reimbursement Services, Inc., agents for Franciscan Health Crown Point, for and in consideration of payment and/or benefits totaling \$7,524.75, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Christopher Wilson that now exists against all parties, including Safeco Insurance, as a result of Christopher Wilson's treatment, account number: 617048617 treatment date: 03/18/2017, arising out of an accident which occurred on or about 03/18/2017.

I have read the above Release and I hereto set my hand and seal this 6<sup>th</sup> day of

December

2017

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the Lake County Recorder!**

Franciscan Health Crown Point

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 6<sup>th</sup> day of December, 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.: 17-185437

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