

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 085034

2017 DEC 14 AM 9:47

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2017 080436 DATED 11/29/2017

Hospital Reimbursement Services, Inc., agents for Franciscan Health Hammond, for and in consideration of payment and/or benefits totaling \$579.97, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Allynne Lee that now exists against all parties, including State Farm, as a result of Allynne Lee's treatment, account number: 217246229 treatment date: 09/01/2017, arising out of an accident which occurred on or about 09/01/2017.

I have read the above Release and thereunto set my hand and seal this 6th day of

December

2017

**Document is NOT OFFICIAL!
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the Lake County Recorder!**

Franciscan Health Hammond

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 6th day of December, 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. Zucchero

Lake County
File No.: 17-200767

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