STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 085035

2017 DEC 14 AM 9: 47

MICHAEL B. BROWN RECORDER

RELEASE OF RECORDED LIEN 2017 079017 DATED 11/21/2017

Hospital Reimbursement Services, Inc., agents for Franciscan Health Crown Point, for and in consideration of payment and/or benefits totaling \$3,893.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Donna Mauck that now exists against all parties, including American National Property & Casualty Co., as a result of Donna Mauck's treatment, account number: 617182938 treatment date: 11/08/2017, arising out of an accident which occurred on or about 10/03/2017

| 10/03/2017. |
|--|
| I have read the above Release and I hereunto set my hand and seal this 6 day of |
| This Document is the property of |
| Jecente , 202 Lake County Recorder! |
| , the Banc Country Recorder. |
| Franciscan Health Crown Point |
| Franciscan Health Glown Folili |
| BY: There |
| Neil J. Greene |
| Hospital Reimbursement Services, Inc. |
| |
| As Agent OFFICIAL SEAL |
| ≨ CAMILE M ZUCCHERO \$ |
| STATE OF ILLINOIS) NOTARY PUBLIC - STATE OF ILLINOIS \$ |
|)SS § MY COMMISSION EXPIRES:10/19/21 § |
| COUNTY OF LAKE |
| |
| On this day of land, 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. |
| didensiands its contents and freely executed same as mission free and voluntary dec. |
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| - Cambin / minne |
| Lake County () |
| File No.: 17-202767 |

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