

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 085036

2017 DEC 14 AM 9:47

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2016 086735 DATED 12/21/2016

Hospital Reimbursement Services, Inc., agents for Franciscan Health Crown Point, for and in consideration of payment and/or benefits totaling \$3,167.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Stephen Perez that now exists against all parties, including AAA Insurance, as a result of Stephen Perez's treatment, account number: 616180036 treatment date: 11/02/2016, arising out of an accident which occurred on or about 11/02/2016.

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

December

Document is NOT OFFICIAL!
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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 6th 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.: 16-176289

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