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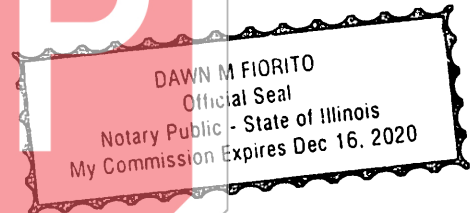
MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2017019940 DATED 03/29/17

Hospital Reimbursement Services, Inc., agents for Franciscan Health Munster, for and in consideration of payment and/or benefits totaling \$1,299.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Cinthya Rodriguez Escareno that now exists against all parties, including Founders Insurance, as a result of **Cinthya Rodriguez Escareno's** treatment, account number(s): 217066326 treatment date(s) 03/07/2017, arising out of an accident which occurred on or about 03/06/2017.

I have read the above Release and I hereunto set my hand and seal this 8th day of December, 2017.
This Document is the property of Lake County Recorder!

Franciscan Health Munster
BY: Neil J. Greene
Neil J. Greene
Hospital Reimbursement Services, Inc.
As Agent



STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)



On this 8th day of December, 2017, before me personally came Neil J. Greene, As Agent for Franciscan Health Munster, 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 M Fiorito

Lake County
File No.: 17-184623

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