

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 085964

2017 DEC 19 AM 9:05

MICHAEL B. BROWN
RECORDED

RELEASE OF RECORDED LIEN 2017 082523 DATED 12/06/2017

Hospital Reimbursement Services, Inc., agents for Franciscan Health Hammond, for and in consideration of payment and/or benefits totaling \$909.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Danny Davis that now exists against all parties, including Founders Insurance, as a result of **Danny Davis's** treatment, account number: 217306529 treatment date: 10/30/2017, arising out of an accident which occurred on or about 10/22/2017.

I have read the above Release and hereunto set my hand and seal this 12th day of December, 2017.

Franciscan Health Hammond

BY:

Neil J. Greene

Neil J. Greene
Hospital Reimbursement Services, Inc.
As Agent

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

OFFICIAL SEAL
CAMILLE M ZUCCHERO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 10/19/21

On this 12th 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. Zuccherro

Lake County
File No.: 17-202225

AMOUNT \$ 25 -
CASH _____ CHARGE _____
CHECK # 277382
OVERAGE _____
COPY _____
NON - COM _____
CLERK AVA E