

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 085965

2017 DEC 19 AM 9:05

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2017 082520 DATED 12/06/2017:

Hospital Reimbursement Services, Inc., agents for Franciscan Health Crown Point, for and in consideration of payment and/or benefits totaling \$8,369.30, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Nathan Vaneck that now exists against all parties, including State Farm, as a result of **Nathan Vaneck's** treatment, account number: 617190271 treatment date: 11/09/2017, arising out of an accident which occurred on or about 11/08/2017.

I have read the above Release and I hereunto set my hand and seal this 13th day of

December

**This Document is the property of
the Lake County Recorder!**

Franciscan Health Crown Point

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 13th 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.: 17-202823

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

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