

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 087615

2017 DEC 27 AM 10:20

MICHAEL B. BROWN  
RECORDER

RELEASE OF RECORDED LIEN 2017 044890 DATED 07/20/2017

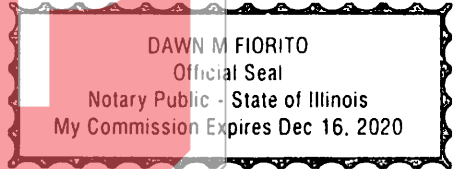
Hospital Reimbursement Services, Inc., agents for Franciscan Health Crown Point, for and in consideration of payment and/or benefits totaling \$70,839.51, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Megan N Wilson that now exists against all parties, including American Family Insurance, as a result of **Megan N Wilson's** treatment, account number: 617099454 treatment dates: 06/11/2017-06/17/2017, arising out of an accident which occurred on or about 06/11/2017.

I have read the above Release and I hereunto set my hand and seal this 21<sup>st</sup> day of December, 2017  
**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 )



On this 21<sup>st</sup> day of December, 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.

*Dawn M Fiorito*

Lake County  
File No.: 17-193136

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