

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2019 035202

2019 JUN 12 AM 9:32

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2018 053718 DATED 08/22/18

Hospital Reimbursement Services, Inc., agents for Franciscan Health Hammond, for and in consideration of prior payments and/or benefits totaling \$9,090.00 and an additional payment and/or benefit totaling \$300.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Nelson Rosario as Parent/Guardian of Layza Molina that now exists against all parties, as a result of **Layza Molina's** treatment, account numbers: 218191248/218202092 treatment dates: 06/03/2018;06/11/2018, arising out of an accident which occurred on or about 06/03/2018.

I have read the above Release and I hereunto set my hand and seal this 3rd day of June, 2019.

Franciscan Health Hammond

BY: Neil J. Greene

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

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)



On this 3rd day of June, 2019, 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.: 18-216373/18-216760

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