

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2019 063094

2019 SEP 18 AM 9:18

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2019 057324 DATED 08/23/19

Hospital Reimbursement Services, Inc., agents for Franciscan Health Crown Point, for and in consideration of payment and/or benefits totaling \$2,660.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Armando Flores that now exists against all parties, including Allstate, as a result of **Armando Flores's** treatment, account number: 619133871 treatment date: 07/13/2019, arising out of an accident which occurred on or about 07/13/2019.

I have read the above Release and hereunto set my hand and seal this 9th day of

September, 2019. **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 9th day of September, 2019, 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.: 19-245949

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