

2019-081738

2019 Nov 27

8:45 AM

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
MICHAEL B BROWN  
RECORDER

**RELEASE OF RECORDED LIEN 2019-074532 DATED 10/30/19**

Hospital Reimbursement Services, Inc., agents for Franciscan Health Hammond, for and in consideration of payment and/or benefits totaling \$784.65, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Alexis Lewis that now exists against all parties, including Ryan Culpepper and State Farm, as a result of **Alexis Lewis's** treatment, account number(s): 219304300 treatment date(s) 09/12/2019, arising out of an accident which occurred on or about 09/12/2019.

I have read the above Release and I hereunto set my hand and seal this 20<sup>th</sup> day of November, 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 20<sup>th</sup> day of November, 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. Zucchero*

Lake County  
File No.: 19-251762

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