

2019-081739

2019 Nov 27

8:45 AM

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

RELEASE OF RECORDED LIEN 2019 012162 DATED 02/27/19

Hospital Reimbursement Services, Inc., agents for Franciscan Health Hammond, for and in consideration of payment and/or benefits totaling \$2,057.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Kendall Scott that now exists against all parties, including Geico Insurance, as a result of **Kendall Scott's** treatment, account number: 219005898 treatment date: 01/05/2019, arising out of an accident which occurred on or about 01/04/2019.

I have read the above Release and hereunto set my hand and seal this 20th day of

November

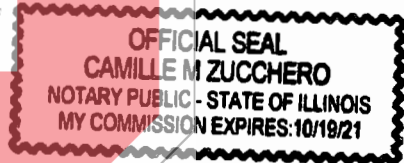
**This document is the property of
the Lake County Recorder!**

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 20th 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.: 19-231547

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