2019-081741

2019 Nov 27

8:45 AM

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

## RELEASE OF RECORDED LIEN 2018016030 DATED 03/13/18

Hospital Reimbursement Services, Inc., agents for Franciscan Health Crown Point, for and in consideration of payment and/or benefits totaling \$17,096.45, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Nikolaus Sowa that now exists against all parties, including Shelter Insurance, as a result of Nikolaus Sowa's treatment, account number: 618030036 treatment date: 02/14/2018, arising out of an accident which occurred on or about 02/14/2018.

On this day of President County OF LAKE  On this day of President 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.  Lake County	Document 1s
Franciscan Health Grown Point  BY:  Neil J. Greene Hospital Reimbursement Services, Inc. As Agent  STATE OF ILLINOIS  On this  On	I have read the above Release and Lhereunto set my hand and seal this 20 day of
Neil J. Greene Hospital Reimbursement Services, Inc. As Agent  STATE OF ILLINOIS  OFFICIAL SEAL CAMILLE ATTE OF ILLINOIS  NOTARY PUBLIC STATE OF ILLINOIS MY COMMISSION EXPRES: 10/19/21  On this Odd day of Services and Second Seco	Now This Document is the property of
Neil J. Greene Hospital Reimbursement Services, Inc. As Agent  STATE OF ILLINOIS  On this On this Of day of My Commission Edgress: 10/19/21  On this On this Of Commission Edgress: 10/19/21  On this On this Of Commission Edgress: 10/19/21  On this Of Commission Edgress: 10/19/21  Lake County  Neil J. Greene Hospital Reimbursement Services, Inc. OFFICIAL SEAL CAMILLE M ZUCCHERO NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EDGRES: 10/19/21  Degree of the Commission Edgress: 10/19/21  Lake County  Neil J. Greene Hospital Reimbursement Services, Inc. OFFICIAL SEAL CAMILLE M ZUCCHERO NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EDGRES: 10/19/21  Lake County  Lake County	Franciscan Health Grown Point Recorder!
Hospital Reimbursement Services, Inc.  As Agent  STATE OF ILLINOIS  OFFICIAL SEAL CAMILLE M ZUCCHERO NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPRES: 10/19/21  COUNTY OF LAKE  On this day of Pranciscan 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.  Lake County	BY: Next Deep
As Agent STATE OF ILLINOIS  On this day of COUNTY OF LAKE  On this day of County of Lake of Lake County  Defore me personally came Neil 1 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.  Lake County	
CAMILLE M ZUCHERO NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES: 10/19/21  On this day of Commission expires: 10/19/21  Defore me personally came Neil & 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.  Lake County	Hospital Reimbursement Services, Inc.
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understands its contents and freely executed same as his/her free and voluntary act.  Lake County	personally came Neil J. Greene, As Agent for Franciscan Health Crown Point, known to
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Lake County	understands its contents and freely executed same as his/her free and voluntary act.
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File No.: 18-208991	Lake County File No.: 18-208991

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