

2019-087843

2019 Dec 19 8:41 AM

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

RELEASE OF RECORDED LIEN 2019 010623 DATED 02/21/19

Hospital Reimbursement Services, Inc., agents for Franciscan Health Munster, for and in consideration of payment and/or benefits totaling \$3,160.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Roque Chapa that now exists against all parties, including State Farm, as a result of **Roque Chapa's** treatment, account number: 219032052 treatment date: 01/27/2019, arising out of an accident which occurred on or about 01/24/2019.

I have read the above Release and I hereunto set my hand and seal this 9th day of December, 2019.

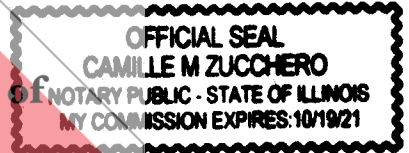
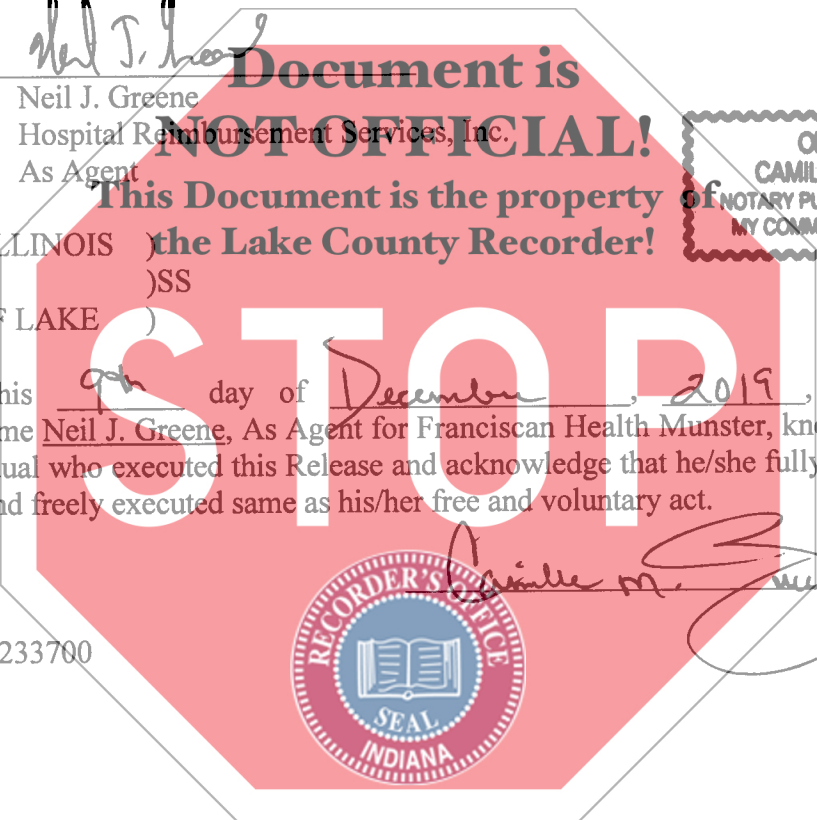
Franciscan Health Munster

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 December, 2019, before me personally came Neil J. Greene, As Agent for Franciscan Health Munster, 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
File No.: 19-233700



Camille M. Zucchero

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AM
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