

2019-087844

2019 Dec 19

8:41 AM

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

RELEASE OF RECORDED LIEN 2019-078545 DATED 11/14/19

Hospital Reimbursement Services, Inc., agents for Franciscan Health Munster, for and in consideration of payment and/or benefits totaling \$3,230.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Jacquelyn N Calderon that now exists against all parties, including State Farm, as a result of **Jacquelyn N Calderon's** treatment, account number(s): 219354493 treatment date(s) 10/23/2019-10/24/2019, arising out of an accident which occurred on or about 10/11/2019.

I have read the above Release and I hereunto set my hand and seal this 12th day of December, 2019.

Franciscan Health Munster

BY: Neil J. Greene
Neil J. Greene
Hospital Reimbursement Services, Inc.
As Agent

DAWN M FIORITO
Official Seal
Notary Public - State of Illinois
My Commission Expires Dec. 16, 2020

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

On this 12th 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.: 19-252423



25 -
278168
E AM