

2019-087845

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

2019 Dec 19 8:41 AM

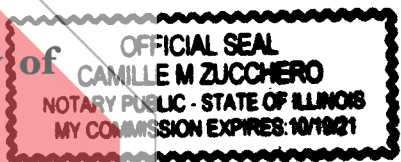
RELEASE OF RECORDED LIEN 2018044193 DATED 07/17/18

Hospital Reimbursement Services, Inc., agents for Franciscan Health Hammond, for and in consideration of payment and/or benefits totaling \$2,100.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Micaela Recio that now exists against all parties, including Unique Insurance, as a result of **Micaela Recio's** treatment, account number(s): 218206143 treatment date(s) 06/14/2018, arising out of an accident which occurred on or about 06/14/2018.

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

Lake County
File No.: 18-216929



Camille M. Zucchero

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CM