2019-087846

2019 Dec 19

8:31 AM

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

RELEASE OF RECORDED LIEN 2017 034192 DATED 06/05/17

Hospital Reimbursement Services, Inc., agents for Franciscan Health Dyer, for and in consideration of payment and/or benefits totaling \$17,334.86, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Danny Pajevic that now exists against all parties, as a result of **Danny Pajevic**'s treatment, account number: 217068452 treatment dates: 03/10/2017-03/13/2017, arising out of an accident which occurred on or about 02/17/2017.

I have read the above Release and I hereunto set my hand and seal this Franciscan Health Dyer Hospital Reimbursement Services, Inc. OFFICIAL SEAL As Agent Document is the property Chillen 2 CCHERO the Lake County Recorder HOTARY PUBLIC STATE OF ILLINOIS STATE OF ILLINOIS MY COMMISSION EXPIRES: 10/19/21 COUNTY OF LAKE before me day of On this personally came Dawn Fiorito, As Agent for Franciscan Health Dyer, 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.: 17-185270

> 25-2-78168 AN