

2020-022296

2020 Apr 21

10:56 AM

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

RELEASE OF RECORDED LIEN 2019 045561 DATED 07/23/19

Hospital Reimbursement Services, Inc., agents for Franciscan Health Hammond, for and in consideration of payment and/or benefits totaling \$742.26, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Jesse S Diaz that now exists against all parties, including Auto Owners Insurance, as a result of Jesse S Diaz's treatment, account number(s): 219160666 treatment date(s) 05/11/2019, arising out of an accident which occurred on or about 05/11/2019.

I have read the above Release and hereunto set my hand and seal this 2<sup>nd</sup> day of

Apr.

**This Document is the property of  
the Lake County Recorder!**

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 2<sup>nd</sup> day of April, 2020, 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.

Dawn M Fiorito

Lake County  
File No.: 19-242156

AMOUNT \$ 25-  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK# 278269  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-CONF \_\_\_\_\_  
DEPUTY SS SS