2020-027909

2020 May 21

8:30 AM

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

## RELEASE OF RECORDED LIEN 2020-015627 DATED 03/05/20

Hospital Reimbursement Services, Inc., agents for Franciscan Health Munster, for and in consideration of payment and/or benefits totaling \$43,044.04, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Joy L Kent that now exists against all parties, including Geico Insurance, as a result of Joy L Kent's treatment, account number: 219378536 treatment date: 12/12/2019, arising out of an accident which occurred on or about 10/25/2018.

I have read the above Release and I hereunto set my hand and seal this	$s \coprod^{\mathcal{H}} day of$
Ma .200 .	
The last Manager	
Franciscan Health Munster	
BY: Document is Neil J. Greene	
Hospital Reimbursement Services, Inc. A L	
As Agent Bocument is the property of CAMILE NOT	SEAL S
STATE OF IVENOUS THE Lake County Recorder!	ATE OF ILLINOIS
COUNTY OF LAKE	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
On this 11 th day of man, 2020,	before me
personally came Neil J. Greene, As Agent for Franciscan Health Munster, kn	own 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.	June 2
Lake County	
File No.: 20-255723	
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