

2020-027910

2020 May 21

8:30 AM

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

RELEASE OF RECORDED LIEN 2019 038354 DATED 06/26/19

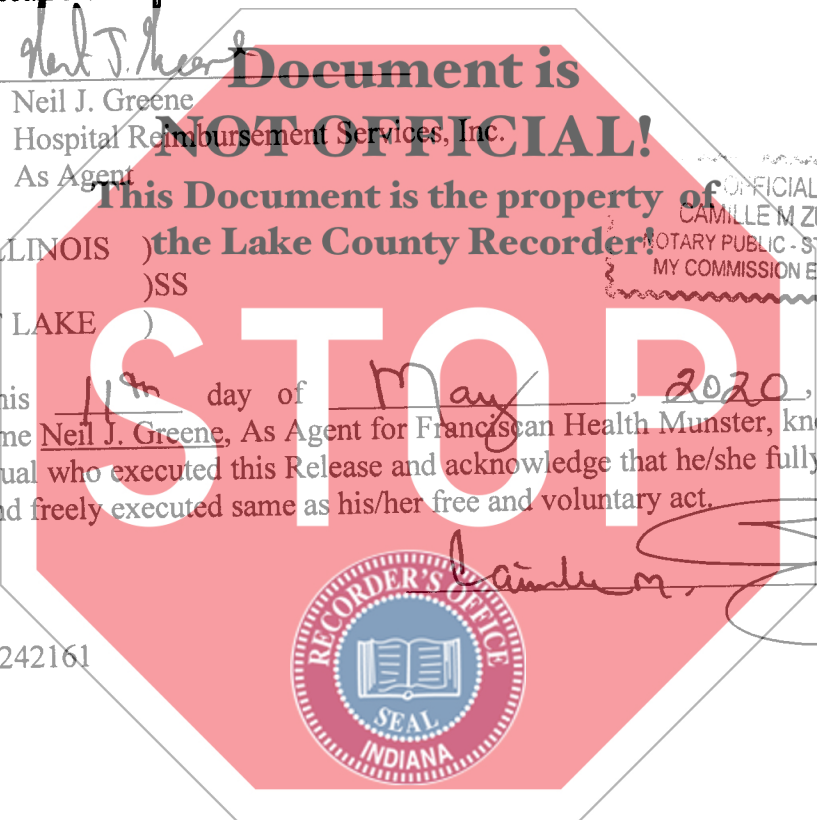
Hospital Reimbursement Services, Inc., agents for Franciscan Health Munster, for and in consideration of payment and/or benefits totaling \$3,721.20, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Joslyn Woods that now exists against all parties, including Progressive Insurance, as a result of **Joslyn Woods's** treatment, account number: 219177236 treatment date: 05/26/2019, arising out of an accident which occurred on or about 05/26/2019.

I have read the above Release and I hereunto set my hand and seal this 11th day of

May, 2020.

Franciscan Health Munster

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



STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)



On this 11th day of May, 2020, 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.

Camille M. Zucchero

Lake County
File No.: 19-242161



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278306
RM
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