

2020-073212

2020 Oct 14

9:21 AM

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

RELEASE OF RECORDED LIEN 2018 061971 DATED 09/11/18

Hospital Reimbursement Services, Inc., agents for Franciscan Health Hammond, for and in consideration of payment and/or benefits totaling \$4,951.36, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Darryl McDonald that now exists against all parties, including American Freedom Insurance, as a result of Darryl McDonald's treatment, account number(s): 218274395 treatment date(s) 08/11/2018-08/12/2018, arising out of an accident which occurred on or about 08/11/2018.

I have read the above Release and I hereunto set my hand and seal this 29th day of September, 2020.

Franciscan Health Hammond

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

Document is NOT OFFICIAL!
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BY: Camille Zucchero
Camille Zucchero, As Witness
Hospital Reimbursement Services, Inc.

STATE OF ILLINOIS)

COUNTY OF LAKE)

On this 29th day of September 2020, before me personally came Neil J. Greene, As Agent; for Franciscan Health Hammond, known to me to be the individuals who executed this Release and acknowledge that he/she fully understands its contents and freely executed same as his/her free and voluntary act.

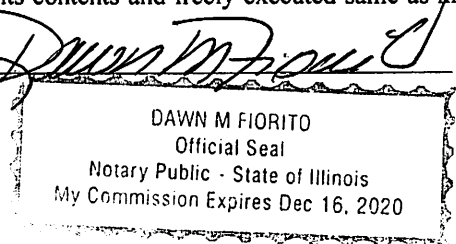


STATE OF ILLINOIS)

COUNTY OF LAKE)

On this 29th day of September 2020, before me personally came Camille Zucchero, As Witness for Franciscan Health Hammond, known to me to be the individuals 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.: 18-221632



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