

2020-081128

2020 Nov 8

9:03 AM

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

RELEASE OF RECORDED LIEN 2020-063869 DATED 09/15/20

Hospital Reimbursement Services, Inc., agents for Franciscan Health Hammond, for and in consideration of payment and/or benefits totaling \$1,774.40, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Brittanie Diaz that now exists against all parties, including Founders Insurance, as a result of Brittanie Diaz's treatment, account number: 220166788 treatment dates: 07/03/2020-07/04/2020, arising out of an accident which occurred on or about 07/02/2020.

I have read the above Release and I hereunto set my hand and seal this 26th day of

October, 2020.

Franciscan Health Hammond

BY:

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

BY:

Camille Zuccherro
Camille Zuccherro, As Witness
Hospital Reimbursement Services, Inc.

STATE OF ILLINOIS)

COUNTY OF LAKE)

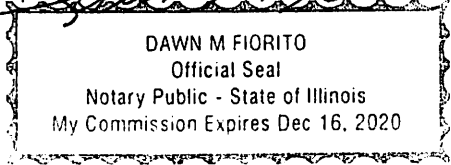
On this 26th day of October, 2020, before me personally came Neil J. Greene, As Agent; for Franciscan Health Hammond, known to me to be the individuals who executed this Release and acknowledge that he/she fully understands its contents and freely executed same as his/her free and voluntary act.

STATE OF ILLINOIS)

COUNTY OF LAKE)

On this 26th day of October, 2020, before me personally came Camille Zuccherro, 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.: 20-267872



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