

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-033559

10:24 AM 2021 Apr 22

RELEASE OF RECORDED LIEN 2017001914 DATED 01/11/17

Hospital Reimbursement Services, Inc., agents for Franciscan Health Hammond, for and in consideration of payment and/or benefits totaling \$3,385.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Yosawn Gray that now exists against all parties, as a result of Yosawn Gray's treatment, account number(s): 216398637 treatment date: 12/02/2016, arising out of an accident which occurred on or about 11/29/2016.

I have read the above Release and I hereunto set my hand and seal this 12th day of


Cipuel, 2021.

Franciscan Health Hammond

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

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

On this 12th day of Cipuel, 2021, 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.

Camille M. Zuccherro


Lake County
File No.: 16-176886

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