NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL RECORDER STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2021-070997 8:44 AM 2021 Dec 9

RELEASE OF RECORDED LIEN 2021-064174 DATED 10/21/21

Hospital Reimbursement Services, Inc., agents for Franciscan Health Crown Point, for and in consideration of payment and/or benefits totaling \$2,170.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Kenneth Stiff that now exists against all parties as a result of Kenneth Stiff's treatment, account number(s): 620394914 treatment date(s) 09/28/2021, arising out of an accident which occurred on or about 09/26/2021.

| treatment date(s) 09/28/2021, arisin | g out of an accident which occurred on or about 09/26/2021. |
|---|--|
| I have read the above Relea | ase and I hereunto set my hand and seal this 22 day of |
| November 20 | |
| D _D OO | Franciscan Health Crown Point BY: Neil J. Greene, As Agent Hospital Reimbursement Services, Inc. |
| STATE OF ILLINOIS) | |
| COUNTY OF LAKE | |
| On this 22 day day personally came Neil J. Greene, As the individuals who executed this contents and freely executed same a | Agent; for Franciscan Health Crown Point, known to me to be Release and acknowledge that he/she fully understands its |
| Lake County File No.: 21-284958 | OFECIAL SEAL CASILLE M ZUCCHERO NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES: 10/19/2025 |
| | Pecon |
| | Sta see the |
| | |