

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2022-024841

8:53 AM 2022 Aug 2

RELEASE OF RECORDED LIEN 2019 025400 DATED 05/02/19

Hospital Reimbursement Services, Inc., agents for Franciscan Health Crown Point, for and in consideration of payment and/or benefits totaling \$2,000.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Michelle M Pacione that now exists against all parties, including State Farm, as a result of Michelle M Pacione's treatment, account number(s): 619065526 treatment date(s): 04/03/19, arising out of an accident which occurred on or about 03/19/19.

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

July, 2022

Franciscan Health Crown Point

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

Hospital Reimbursement Services, Inc., 250 Parkway Dr., Suite 168, Lincolnshire, IL 60069
Telephone 847-403-5870 | Facsimile 847-403-5871 | File No.: 19-237982

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

On this 29th day of July, 2022, before me personally came Neil J. Greene, As Agent for Franciscan Health Crown Point, 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

Camille M. Zuccherero



25-
279051
CM