

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2022-024842

8:53 AM 2022 Aug 2

RELEASE OF RECORDED LIEN 2021-054603 DATED 08/11/21

Hospital Reimbursement Services, Inc., agents for Franciscan Health Dyer, for and in consideration of payment and/or benefits totaling \$1,467.21, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Cheryl A Millen that now exists against all parties, including State Farm and Geico Insurance, as a result of Cheryl A Millen's treatment, account number(s): 220560371 treatment date(s): 07/18/2021, arising out of an accident which occurred on or about 07/18/2021.

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

July, 2022

Franciscan Health Dyer

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.: 21-281648

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 Dyer, 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. Zuccherro
OFFICIAL SEAL
CAMILLE M ZUCCHERO
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 12/19/2025

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279051
RM
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