

# NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2022-024843

8:53 AM 2022 Aug 2

**RELEASE OF RECORDED LIEN 2020-081127 DATED 11/06/20**

Hospital Reimbursement Services, Inc., agents for Franciscan Health Hammond, for and in consideration of payment and/or benefits totaling \$2,231.44, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Jasmine Jones that now exists against all parties, including State Farm, as a result of **Jasmine Jones's** treatment, account number: 220253623 treatment dates: 09/27/2020-09/28/2020, arising out of an accident which occurred on or about 09/27/2020.

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

July, 2022

Franciscan Health Hammond

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.: 20-269473

STATE OF ILLINOIS )  
                                  )SS  
COUNTY OF LAKE )

On this 29<sup>th</sup> day of July, 2022, 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.

Lake County

Camille M. Zuccherro  
OFFICIAL SEAL  
CAMILLE M ZUCCHERO  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES: 10/19/2025

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279051  
AM

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