

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2022-024846

8:53 AM 2022 Aug 2

RELEASE OF RECORDED LIEN 2022-022068 DATED 07/13/22

Hospital Reimbursement Services, Inc., agents for Franciscan Health Crown Point, for and in consideration of payment and/or benefits totaling \$1,312.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Rebekah Sclafani as Parent/Guardian of Jacob Sclafani that now exists against all parties, including State Farm, as a result of **Jacob Sclafani's** treatment, account number: 620583736 treatment date: 06/23/2022, arising out of an accident which occurred on or about 06/23/2022.

I have read the above Release and I hereunto set my hand and seal this 25th day of

July, 2022.

Franciscan Health Crown Point

BY:

Lisa Ayers
Lisa Ayers, 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.: 22-373139

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

On this 25th day of July, 2022, before me personally came Lisa Ayers, 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. Zucchero
OFFICIAL SEAL
CAMILLE M ZUCCHERO
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 10/19/2025

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279051
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