

# NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2023-005561

9:18 AM 2023 Feb 16

RELEASE OF RECORDED LIEN 2020-096256 DATED 12/28/20

Hospital Reimbursement Services, Inc., agents for Franciscan Health Hammond, for and in consideration of payment and/or benefits totaling \$1,484.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Rosa Mendoza that now exists against all parties, as a result of Rosa Mendoza's treatment, account number: 220316943 treatment date: 11/23/2020, arising out of an accident which occurred on or about 11/23/2020.

I have read the above Release and I hereunto set my hand and seal this 7th day of FEBRUARY, 2023.  
Franciscan Health Hammond

BY [Signature]  
Julie Roth, 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.: 20-271953

STATE OF ILLINOIS )  
)SS  
COUNTY OF LAKE )

On this 7th day of February 2023, before me personally came Julie Roth, 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.

[Signature]

Lake County



Property of [illegible] Recorder

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