

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER

2024-009366

STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

9:20 AM 2024 Mar 22

RELEASE OF RECORDED LIEN 2023-035061 DATED 12/28/23

Hospital Reimbursement Services, Inc., agents for Franciscan Health Crown Point, for and in consideration of payment and/or benefits totaling \$7,527.60, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Anthony L Ruiz that now exists against all parties, including Grange Insurance, as a result of Anthony L Ruiz's treatment, account number(s): 620883900/620878448 treatment date(s): 09/29/2023;09/07/2023, arising out of an accident which occurred on or about 09/07/2023.

I have read the above Release and I hereunto set my hand and seal this 11th day of

March, 2024

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.: 23-394028/23-395436

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

On this 11th day of March, 2024, 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

Dawn M. Fiorito

OFFICIAL SEAL
DAWN M FIORITO
NOTARY PUBLIC - STATE OF ILLINOIS
COMMISSION EXPIRES: 12/16/24

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