

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
 RECORDER
2024-020360
 STATE OF INDIANA
 LAKE COUNTY
 RECORDED AS PRESENTED
 8:33 AM 2024 Aug 2

RELEASE OF RECORDED LIEN 2019-085890 DATED 12/12/19

Hospital Reimbursement Services, Inc., agents for Franciscan Health Dyer, for and in consideration of payment and/or benefits totaling \$10,909.55, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Vincent Rogers that now exists against all parties, including Geico Insurance, as a result of Vincent Rogers's treatment, account number: 219358340 treatment date: 10/27/2019, arising out of an accident which occurred on or about 10/27/2019.

I have read the above Release and I hereunto set my hand and seal this 22nd day of July, 2024.

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.: 19-253662

STATE OF ILLINOIS)
)SS
 COUNTY OF LAKE)

On this 22nd day of July, 2024, 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: 10/19/2025

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