

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER

2024-020362

STATE OF INDIANA
LAKE COUNTY

8:33 AM 2024 Aug 2

RECORDED AS PRESENTED

RELEASE OF RECORDED LIEN 2021-058759 DATED 09/13/21

Hospital Reimbursement Services, Inc., agents for Franciscan Health Hammond, for and in consideration of payment and/or benefits totaling \$1,574.85, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Russell Courtney that now exists against all parties, as a result of Russell Courtney's treatment, account number: 220537025 treatment date: 06/23/2021, arising out of an accident which occurred on or about 06/23/2021.

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

July, 2024

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.: 21-280239

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

On this 25th day of July, 2024, 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

Dawn M. Fiorito

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

25.00
279663
SJ
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