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MICHELLE R. FAJMAN
RECORDER

RELEASE OF RECORDED LIEN 2012 015644 DATED March 6, 2012

Hospital Reimbursement Services, Inc., agents for St. Anthony, Crown Point, for and in consideration of payment and/or benefits totaling \$2,561.34, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Sherry L Olson that now exists against all parties, including Sentry Insurance, as a result of **Sherry L Olson's** treatment, account number: 9612024989, treatment date: 02/12/2012, arising out of an accident which occurred on or about 02/10/2012.

I have read the above Release and I hereunto set my hand and seal this 20th day of June, 2012.

St. Anthony, Crown Point

BY: Neil J. Greene

Neil J. Greene
Hospital Reimbursement Services, Inc.
As Agent

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)



On this 20th day of June, 2012, before me personally came Neil Greene, known to me to be the individual who executed this Release and acknowledge that he fully understands its contents and freely executed same as his free and voluntary act.



Camille M. Zuccherro

Lake County
File No.: 12-28563

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