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2012 AUG 28 AM 9:09

MICHELLE R. FAJMAN
RECORDER

RELEASE OF RECORDED LIEN 2012 009958 DATED February 8, 2012

Hospital Reimbursement Services, Inc., agents for St. Anthony, Crown Point, for and in consideration of payment and/or benefits totaling \$11,434.78, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Maria Navarro that now exists against all parties, including State Farm Insurance, as a result of Maria Navarro's treatment, account number: 9612009252, treatment date: 01/13/2012, arising out of an accident which occurred on or about 01/13/2012.

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

August, 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 August, 2012, before me personally came Neil J. 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. Zucchero

Lake County
File No.: 12-27098

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