

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 058206

2012 AUG 28 AM 9:09

MICHELLE R. FAJMAN
RECORDER

RELEASE OF RECORDED LIEN 2012 050965 DATED July 31, 2012

Hospital Reimbursement Services, Inc., agents for St. Anthony, Crown Point, for and in consideration of payment and/or benefits totaling \$880.75, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Carie Lash that now exists against all parties, including Protective Insurance, as a result of Carie Lash's treatment, account number: 9612074979, treatment date: 05/16/2012, arising out of an accident which occurred on or about 05/16/2012.

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

August, 2012.

St. Anthony, Crown Point

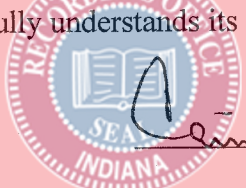
BY: Neil J. Greene

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

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

OFFICIAL SEAL
CAMILLE M ZUCCHERO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES OCT 19, 2013

On this 22nd 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.: 12-33699

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