

2012 065216

2012 SEP 18 AM 8:43

MICHELLE R. FAJMAN
RECORDER

RELEASE OF RECORDED LIEN 2012 021374 DATED 2012 MAR 27

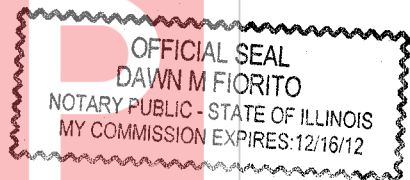
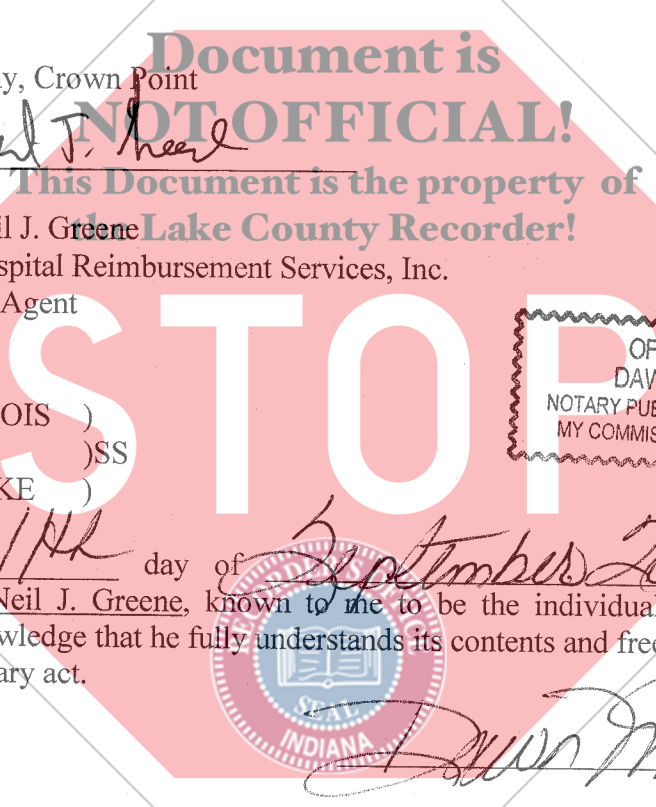
Hospital Reimbursement Services, Inc., agents for St. Anthony, Crown Point, for and in consideration of payment and/or benefits totaling \$2,723.83, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Giovanna E Blaylock that now exists against all parties, including the Hartford, as a result of **Giovanna E Blaylock's** treatment, account number(s): 9611163571, 9611179578, treatment date(s) 10/20/2011-10/31/2011, 11/01/2011-11/30/2011, arising out of an accident which occurred on or about 08/19/2011.

I have read the above Release and I hereunto set my hand and seal this 11th day of September, 2012.

St. Anthony, Crown Point

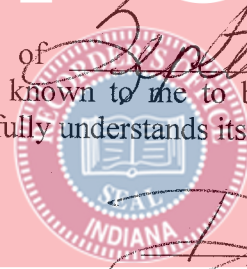
BY: Neil J. Greene

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



STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

On this 11th day of September 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.



Dawn M Fiorito

Lake County
File No.: 12-29844/12-29845

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