

2012 065217

2012 SEP 18 AM 8:43

MICHELLE R. FAJMAN
RECORDER

RELEASE OF RECORDED LIEN 2012 029850 DATED 05/03/2012

Hospital Reimbursement Services, Inc., agents for St. Anthony, Crown Point, for and in consideration of payment and/or benefits totaling \$1,466.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Silvia Suarez that now exists against all parties, including State Farm, as a result of Silvia Suarez's treatment, account number: 9612052808, treatment date: 04/03/2012, arising out of an accident which occurred on or about 04/03/2012.

I have read the above Release and I hereunto set my hand and seal this 12th day of September, 2012.

St. Anthony, Crown Point

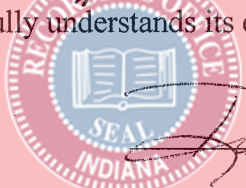
BY: Neil J. Greene

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



STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

On this 12th 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.: 12-31376

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