

2012 091409

2012 DEC 27 AM 9:16

WILLIAM J. FLORES  
RECORDER

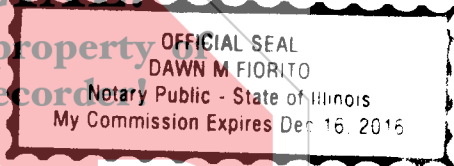
**RELEASE OF RECORDED LIEN 2012 080887 DATED 2012 NOV 15**

Hospital Reimbursement Services, Inc., agents for St. Anthony, Crown Point, for and in consideration of payment and/or benefits totaling \$741.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Norman Graft that now exists against all parties as a result of **Norman Graft's** treatment, account number(s): 612167512, treatment date(s) 09/05/2012, arising out of an accident which occurred on or about 08/31/2012.

I have read the above Release and I hereunto set my hand and seal this 21<sup>st</sup> day of December, 2012.

St. Anthony, Crown Point

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

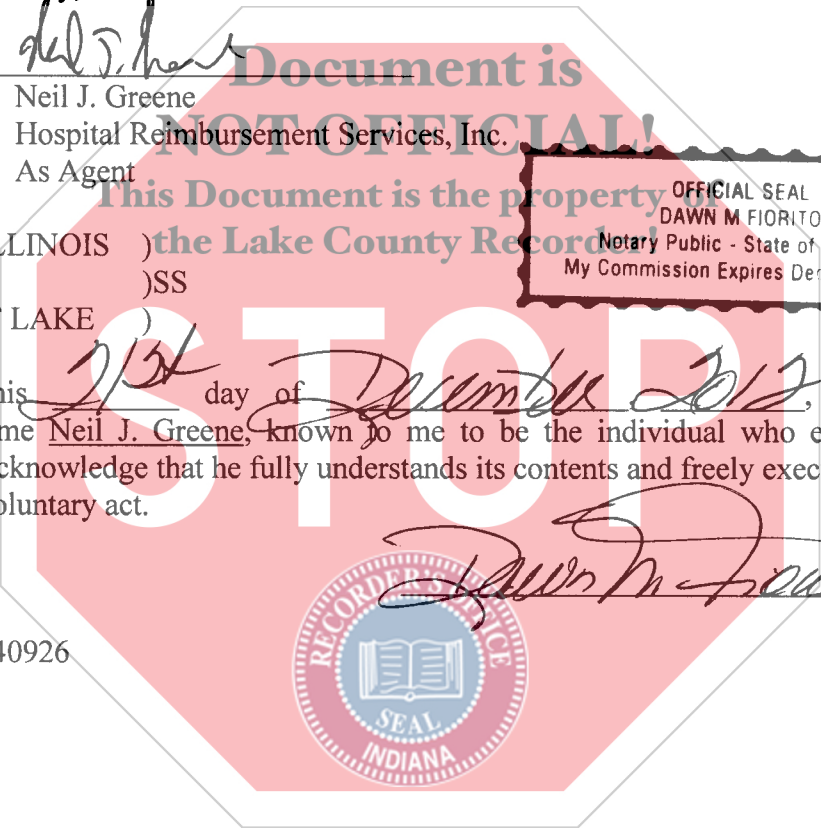


STATE OF ILLINOIS )  
)SS  
COUNTY OF LAKE )

On this 21<sup>st</sup> day of December 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.: 12-40926



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