

2013 016508

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 MAR -5 AM 8:36

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2013 011900 DATED 2013 FEB 13

Hospital Reimbursement Services, Inc., agents for St. Anthony, Crown Point, for and in consideration of payment and/or benefits totaling \$595.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Jason A Griffin that now exists against all parties, including Nationwide, as a result of Jason A Griffin's treatment, account number(s): 613007066, treatment date(s) 01/12/2013, arising out of an accident which occurred on or about 01/12/2013.

I have read the above Release and I hereunto set my hand and seal this 26th day of

February, 2013.

St. Anthony, Crown Point

BY: Neil J. Greene

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

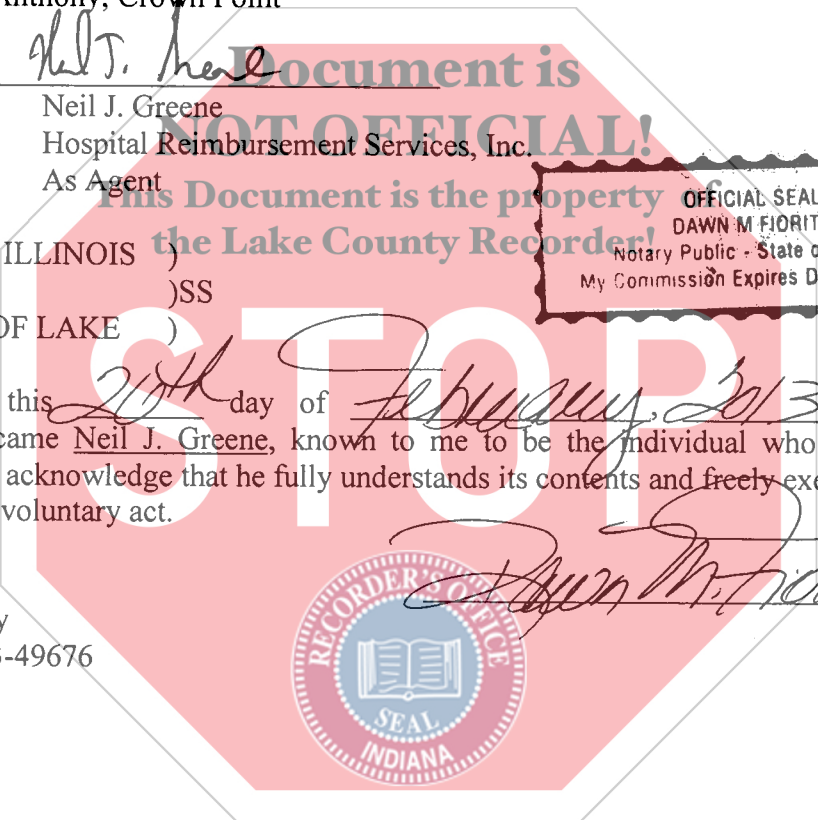
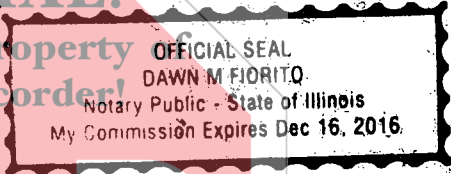
STATE OF ILLINOIS)

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COUNTY OF LAKE)

On this 26th day of February, 2013, 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.

Lake County
File No.: 13-49676



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