

2013 016509

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MICHAEL B. BROWN  
RECORDER

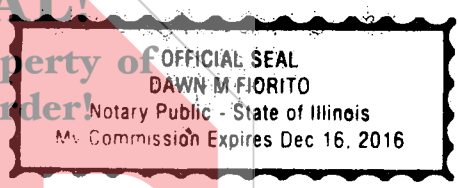
**RELEASE OF RECORDED LIEN 2012 067308 DATED September 25, 2012**

Hospital Reimbursement Services, Inc., agents for St. Anthony, Crown Point, for and in consideration of payment and/or benefits totaling \$677.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Michelle Vargas that now exists against all parties, including Allstate Insurance, as a result of **Michelle Vargas's** treatment, account number: 9612100555, treatment date: 07/05/2012, arising out of an accident which occurred on or about 07/05/2012.

I have read the above Release and I hereunto set my hand and seal this 27<sup>th</sup> day of February, 2013.

St. Anthony, Crown Point

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

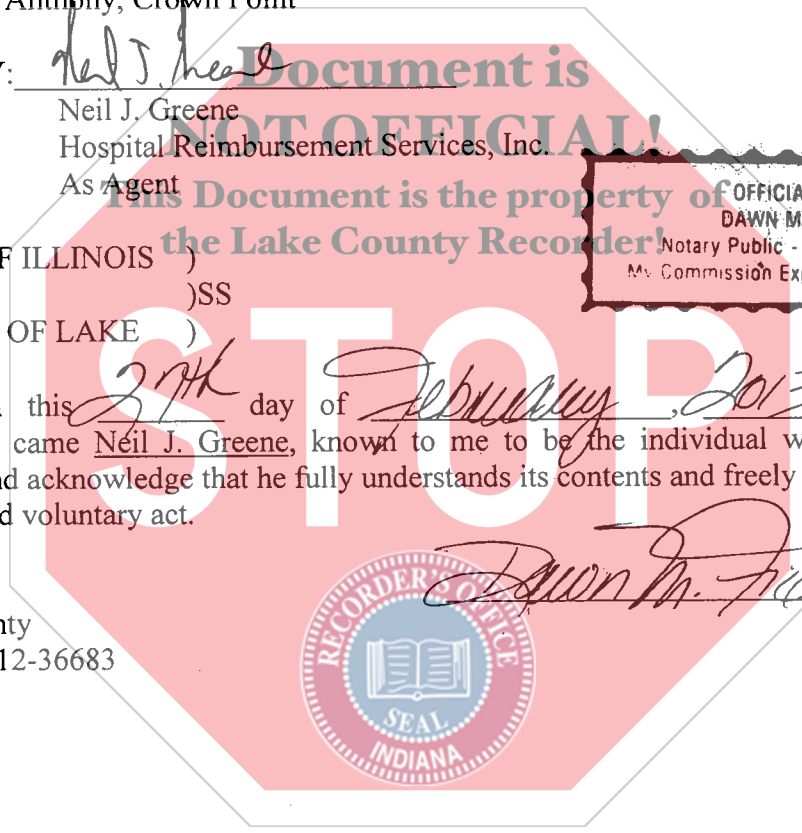


STATE OF ILLINOIS )  
                                  )SS  
COUNTY OF LAKE )

On this 27<sup>th</sup> 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.

Dawn M. Fiorito

Lake County  
File No.: 12-36683



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CK# 275533  
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