

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 018132

2013 MAR 12 AM 8:56

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2012 040305 DATED June 19, 2012

Hospital Reimbursement Services, Inc., agents for St. Anthony, Crown Point, for and in consideration of payment and/or benefits totaling \$5,253.68, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Leonel Reyes that now exists against all parties, including Allstate, as a result of Leonel Reyes's treatment, account number: 9612061481, treatment date: 04/22/2012, arising out of an accident which occurred on or about 04/22/2012.

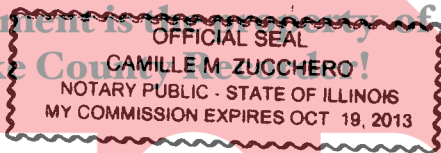
I have read the above Release and I hereunto set my hand and seal this 8th day of March, 2013.

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 8th day of March, 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.

Camille M. Zucchero

Lake County
File No.: 12-32141



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