

2013 027370

2013 APR 17 AM 8:35

MICHAEL B. BROWN  
RECORDER

**RELEASE OF RECORDED LIEN 2012 024329 DATED 2012 APR 11**

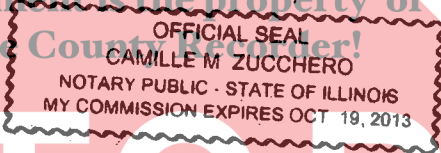
Hospital Reimbursement Services, Inc., agents for St. Anthony, Crown Point, for and in consideration of payment and/or benefits totaling \$35,820.02, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Jonathan Haas that now exists against all parties as a result of **Jonathan Haas's** treatment, account number(s): 9612031729, treatment date(s) 02/25/2012, arising out of an accident which occurred on or about 02/25/2012.

I have read the above Release and I hereunto set my hand and seal this 8<sup>th</sup> day of April, 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 8<sup>th</sup> day of April, 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. Zuccherro

Lake County  
File No.: 12-29740



#12  
CK#  
275589  
C  
E