

2013 045266

2013 JUN 19 AM 11:45

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2013 032201 DATED May 17, 2013

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$4,971.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Joshua Donelson that now exists against all parties, including Allstate Insurance, as a result of **Joshua Donelson's** treatment, account number: 613046549, treatment date: 03/26/2013, arising out of an accident which occurred on or about 03/26/2013.

I have read the above Release and I hereunto set my hand and seal this 12th day of

June, 2013.

St. Anthony Hospital, Crown Point

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

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)



On this 12th day of June, 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.: 13-53643



Camille M. Zuccherro

AMOUNT \$ 12
CASH _____ CHARGE _____
CHECK# 275676
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY _____ al