

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 048220

2013 JUL -2 AM 10: 56

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2013 045245 DATED June 19, 2013

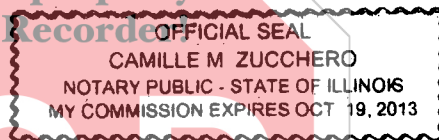
Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$1,625.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Samantha M Tinglof that now exists against all parties, including American Family Insurance, as a result of **Samantha M Tinglof's** treatment, account number: 613072318, treatment date: 05/12/2013, arising out of an accident which occurred on or about 05/12/2013.

I have read the above Release and I hereunto set my hand and seal this 24th 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 24th 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.: 13-57909



Camille M. Zuccherro

#12
CK#
275696
CA
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