

2013 053482

2013 JUL 23 AM 8:33

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2012 017785 DATED 2012 MAR 14

Hospital Reimbursement Services, Inc., agents for St. Anthony, Crown Point, for and in consideration of payment and/or benefits totaling \$2,745.72, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Paula Chambers that now exists against all parties, including Farmers Insurance, as a result of **Paula Chambers's** treatment, account number(s): 9611176988, treatment date(s) 11/27/2011, arising out of an accident which occurred on or about 11/27/2011.

I have read the above Release and I hereunto set my hand and seal this 17th day of

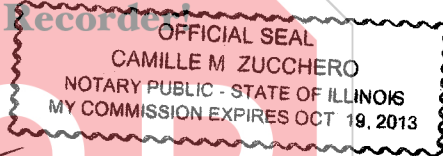
July, 2013.

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 17th day of July, 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.: 11-25637



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