

2013 075184

2013 OCT 16 AM 9:09

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2012 074358 DATED 2012 OCT 23

Hospital Reimbursement Services, Inc., agents for St. Anthony, Crown Point, for and in consideration of payment and/or benefits totaling \$1,890.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Kayla Krainock that now exists against all parties, including American National, as a result of **Kayla Krainock's** treatment, account number(s): 612172749, treatment date(s) 09/10/2012, arising out of an accident which occurred on or about 09/10/2012.

I have read the above Release and I hereunto set my hand and seal this 4th day of October, 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 4th day of October, 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.: 12-40940



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