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MICHAEL B. BROWN  
RECORDER

**RELEASE OF RECORDED LIEN 2012 078769 DATED November 7, 2012**

Hospital Reimbursement Services, Inc., agents for St. Anthony, Crown Point, for and in consideration of payment and/or benefits totaling \$1,497.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Patricia Zimmerle that now exists against all parties, including Farmers Insurance, as a result of **Patricia Zimmerle's** treatment, account number: 9612106478, treatment date: 07/20/2012, arising out of an accident which occurred on or about 07/20/2012.

I have read the above Release and I hereunto set my hand and seal this 6<sup>th</sup> day of December, 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 6<sup>th</sup> day of December, 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.: 12-43778



Camille M. Zucchero

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