

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 091818

2013 DEC 17 AM 8:43

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2013 013082 DATED February 20, 2013

Hospital Reimbursement Services, Inc., agents for St. Anthony, Crown Point, for and in consideration of payment and/or benefits totaling \$4,860.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Laura Gilliam that now exists against all parties, including Progressive Insurance, as a result of **Laura Gilliam's** treatment, account number: 612221761, treatment date: 12/04/2012, arising out of an accident which occurred on or about 12/04/2012.

I have read the above Release and I hereunto set my hand and seal this 9th 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)

OFFICIAL SEAL
CAMILLE M ZUCCHERO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 10/19/17

On this 9th 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.: 12-47188



Camille M. Zuccherro

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