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2014 JAN -8 PM 3:22

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2013 075195 DATED October 16, 2013

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$4,380.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Randall Tokarz that now exists against all parties, including State Farm Insurance, as a result of **Randall Tokarz's** treatment, account number: 613113535, treatment date: 07/25/2013, arising out of an accident which occurred on or about 07/25/2013.

I have read the above Release and I hereunto set my hand and seal this 30th day of December, 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 30th 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.

Camille M. Zucchero

Lake County
File No.: 13-64104



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