

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 001890

2014 JAN 14 AM 10:58

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2013 055138 DATED 2013 JUL 30

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$22,345.88, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Joy Hobbs that now exists against all parties, including Liberty Mutual Insurance, as a result of **Joy Hobbs**'s treatment, account number(s): 613106799, treatment date(s) 7/14/2013, arising out of an accident which occurred on or about 7/14/2013.

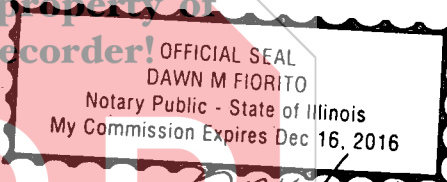
I have read the above Release and I hereunto set my hand and seal this 3rd day of

January, 2014.

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 3rd day of January, 2014, 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.: 13-60786

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CK# 275892
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