

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 006842

2014 FEB -4 PM 1:55

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2013 084255 DATED November 13, 2013

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$985.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Benjamin Smithers that now exists against all parties, including Progressive Insurance, as a result of **Benjamin Smithers's** treatment, account number: 613162525, treatment date: 10/19/2013, arising out of an accident which occurred on or about 10/19/2013.

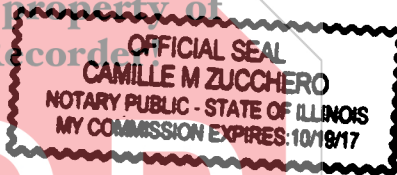
I have read the above Release and I hereunto set my hand and seal this 28th day of

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 28th 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.: 13-66009



Camille M. Zucchero

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CK#
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