

2014 008032

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MICHAEL B. BROWN  
RECORDER

RELEASE OF RECORDED LIEN 2013 045251 DATED 2013 JUN 19

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$1,164.40, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Tonia Furlough that now exists against all parties, including , as a result of **Tonia Furlough's** treatment, account number(s): 613006446, 613025548, 613017238, 613014175 treatment date(s) 01/11/2013, 02/19/2013, 02/04/2013 - 02/13/2013, 01/31/2013 arising out of an accident which occurred on or about 01/11/2013.

I have read the above Release and I hereunto set my hand and seal this 6<sup>th</sup> day of

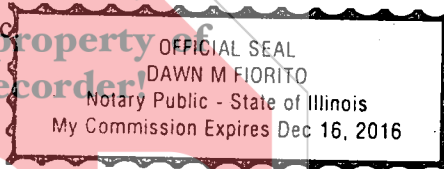
February, 2014.

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 6<sup>th</sup> day of February, 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.: 13-49668/13-57137/13-57336/13-57342



Dawn M Fiorito

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