

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 008033

2014 FEB 11 AM 9:28

MICHAEL B. BROWN
RECORDER

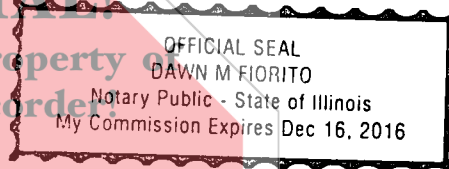
RELEASE OF RECORDED LIEN 2013 090875 DATED December 12, 2013

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$1,676.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Sherry L Vesich that now exists against all parties, including AAA Insurance, as a result of **Sherry L Vesich's** treatment, account number: 613175471, treatment date: 11/12/2013, arising out of an accident which occurred on or about 11/11/2013.

I have read the above Release and I hereunto set my hand and seal this 6th 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 6th 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.: 13-67826



[Handwritten Signature]

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