

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 009573

2014 FEB 19 AM 9:46

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2013 070794 DATED September 25, 2013

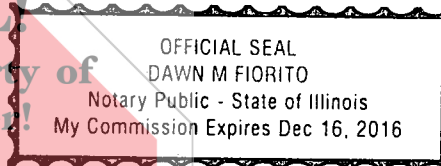
Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$537.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Rachael L Bolde that now exists against all parties, including State Farm Insurance, as a result of **Rachael L Bolde's** treatment, account number: 613131309, treatment date: 08/27/2013, arising out of an accident which occurred on or about 08/23/2013.

I have read the above Release and I hereunto set my hand and seal this 13th 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 13th 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.: 13-63019



Dawn M Fiorito

#12
CK#
275934
Q
E