

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 009576

2014 FEB 19 AM 9:47

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2013 090871 DATED December 12, 2013

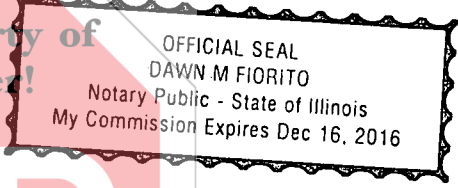
Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$1,605.45, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Margaret Woods that now exists against all parties, including Liberty Mutual Insurance, as a result of **Margaret Woods's** treatment, account number: 613141211, treatment dates: 09/13/2013 - 09/16/2013, arising out of an accident which occurred on or about 09/13/2013.

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.



Dawn M Fiorito

Lake County
File No.: 13-65280

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