

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 025829

2014 MAY -8 AM 8:36

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2013 032203 DATED 2013 MAY 7

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$2,620.50, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Gilberto M. Barcenas that now exists against all parties, including Liberty Mutual Insurance, as a result of **Gilberto M. Barcenas's** treatment, account number(s): 613034255, 613031714, treatment date(s) 03/04/2013, 02/27/2013, arising out of an accident which occurred on or about 02/27/2013.

I have read the above Release and I hereunto set my hand and seal this 29th day of April, 2014.

St. Anthony Hospital, Crown Point

BY: Neil J. Greene
Neil J. Greene
Hospital Reimbursement Services, Inc.
As Agent

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OFFICIAL SEAL
CAMILLE M ZUCCHERO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 10/19/17

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

On this 29th day of April, 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.: 13-52417/13-54439



Camille M. Zucchero

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