

2014 030376

2014 MAY 28 AM 8:52

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2013 080166 DATED October 29, 2013

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$5,800.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Kevin Guy that now exists against all parties, as a result of **Kevin Guy's** treatment, account number: 613117606, treatment date: 08/02/2013, arising out of an accident which occurred on or about 08/02/2013.

I have read the above Release and I hereunto set my hand and seal this 19th day of May, 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 19th day of May, 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.: 13-61648



Camille M. Zucchero

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PP^E