

2014 030377

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 MAY 28 AM 8:53

MICHAEL B. BROWN  
RECORDER

**RELEASE OF RECORDED LIEN 2012 045845 DATED July 13, 2012**

Hospital Reimbursement Services, Inc., agents for St. Anthony, Crown Point, for and in consideration of a prior payment and/or benefits totaling \$7,109.99 and an additional payment and/or benefits totaling \$2,000.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Margaret A Novac that now exists against all parties, as a result of **Margaret A Novac's** treatment, account number: 9612064006, treatment dates: 04/27/2012 - 04/28/2012, arising out of an accident which occurred on or about 04/26/2012.

I have read the above Release and I hereunto set my hand and seal this 19<sup>th</sup> day of May, 2014.

St. Anthony, 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 19<sup>th</sup> 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.: 12-33689



Camille M. Zucchero

12<sup>00</sup>  
276047  
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