

FILED FOR RECORD

2014 030379

2014 MAY 28 AM 8:53

RELEASE OF RECORDED LIEN 2013-018116 DATED 2013 MAR 12

RECORDER

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$4,100.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Chelse M. Jefferson that now exists against all parties, including Progressive Insurance, as a result of **Chelse M. Jefferson's** treatment, account number(s): 613021289, 613028568, treatment date(s) 02/07/2013, 02/21/2013, arising out of an accident which occurred on or about 02/07/2013.

I have read the above Release and I hereunto set my hand and seal this 20<sup>th</sup> 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 20<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.: 13-51077



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