

2014 051089

2014 AUG 26 AM 9:16

MICHAEL D. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2014 025832 DATED May 8, 2014

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$1,152.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Tammy Byers that now exists against all parties, including Nationwide Insurance, as a result of **Tammy Byers**'s treatment, account number: 614011761, treatment dates: 02/04/2014 - 02/28/2014, arising out of an accident which occurred on or about 10/31/2013.

I have read the above Release and I hereunto set my hand and seal this 18th day of August, 2014.

St. Anthony Hospital, Crown Point

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

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STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

On this 18th day of August, 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.: 14-80563



Camille M. Zucchero

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