

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 051097

2014 AUG 26 AM 9:17

MICHAEL B. BROWN

RELEASE OF RECORDED LIEN 2013 025595 DATED AUGUST 20, 2013

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$2,598.25, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Shyanne Wright that now exists against all parties, including Indiana Farm Bureau, as a result of **Shyanne Wright's** treatment, account number: 613029088, treatment date: 02/22/2013, arising out of an accident which occurred on or about 02/22/2013.

I have read the above Release and I hereunto set my hand and seal this 20<sup>th</sup> day of

August, 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 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.

Camille M. Zucchero

Lake County  
File No.: 13-51826



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