

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 051099

2014 AUG 26 AM 9:17

MICHAEL D. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2013 057505 DATED August 6, 2013

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$2,976.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Joseph Moon that now exists against all parties, including Allstate Insurance, as a result of **Joseph Moon's** treatment, account number: 613067200, treatment date: 05/03/2013, arising out of an accident which occurred on or about 05/02/2013.

I have read the above Release and I hereunto set my hand and seal this 22nd 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 22nd 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.: 13-60515



Camille M. Zucchero

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