

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 051141

2014 AUG 26 AM 10: 21

MICHAEL B. BROWN  
RECORDER

**RELEASE OF RECORDED LIEN 2014 005196 DATED January 29, 2014**

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$2,312.35, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Esteban Lopez that now exists against all parties, as a result of Esteban Lopez's treatment, account number: 613185087, treatment date: 12/04/2013, arising out of an accident which occurred on or about 11/23/2013.

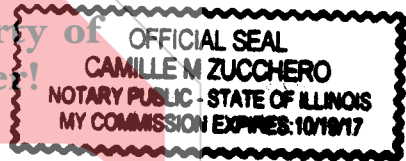
I have read the above Release and I hereunto set my hand and seal this 12<sup>th</sup> day of

August, 2014.

St. Anthony Hospital, Crown Point

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

STATE OF ILLINOIS )  
)SS  
COUNTY OF LAKE )



On this 12<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.

Lake County  
File No.: 13-69817



Camille M. Zucchero

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