

STATE OF ILL.
LAKE COUNTY
FILED FOR RECORD

2014 051143

2014 AUG 26 AM 10: 21

MICHAEL S. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2014 005190 DATED 2014 JAN 29

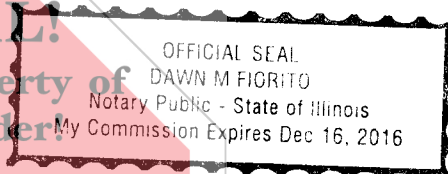
Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital-Crown Point, for and in consideration of payment and/or benefits totaling \$595.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Nichole Fieldhouse that now exists against all parties, including State Farm Insurance, as a result of **Nichole Fieldhouse's** treatment, account number(s): 613193538, treatment date(s) 12/12/2013, arising out of an accident which occurred on or about 12/12/2013.

I have read the above Release and I hereunto set my hand and seal this 13th 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 13th 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.: 14-70984



Dawn M. Fiorito

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