

STATE OF ILLINOIS
LAKE COUNTY
FILED FOR RECORD

2014 051144

2014 AUG 26 AM 10: 21

MICHAEL D. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2013 018117 DATED 2013 MAR 12

Hospital Reimbursement Services, Inc., agents for St. Anthony, Crown Point, for and in consideration of payment and/or benefits totaling \$1,100.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Alarik Jefferson that now exists against all parties, including Chelse Jefferson and Progressive Insurance, as a result of **Alarik Jefferson's** treatment, account number(s): 613021288, treatment date(s) 02/07/2013, arising out of an accident which occurred on or about 02/07/2013.

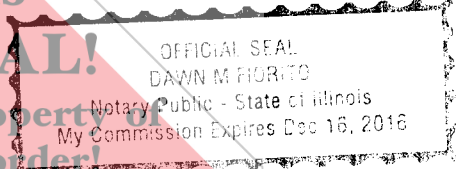
I have read the above Release and I hereunto set my hand and seal this 14th day of

August, 2014.

St. Anthony, Crown Point

BY:

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



STATE OF ILLINOIS)

)SS

COUNTY OF LAKE)

On this 14th 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.: 13-51085



Dawn M. Florito

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