

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 065537

2014 OCT 15 PM 1:01

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2012 065204 DATED 2012 SEP 18

Hospital Reimbursement Services, Inc., agents for St. Anthony, Crown Point, for and in consideration of payment and/or benefits totaling \$2,587.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Eric W. Goodman that now exists against all parties, including Nationwide, as a result of Eric W. Goodman's treatment, account number(s): 612162638, treatment date(s) 08/28/2012, arising out of an accident which occurred on or about 08/22/2012.

I have read the above Release and I hereunto set my hand and seal this 6th day of October, 2014.

St. Anthony, Crown Point

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

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OFFICIAL SEAL
DAWN M FIORITO
Notary Public - State of Illinois
My Commission Expires Dec 16, 2016

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

On this 6th day of October, 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.: 12-39633



Dawn Fiorito

#12
CK# 276215
CA
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