

STATE OF ILLINOIS
LAKE COUNTY
FILED FOR RECORD

2014 079797

2014 DEC 16 AM 9:07

MICHAEL D. BROWN

RELEASE OF RECORDED LIEN 2014 059529 DATED September 30, 2014

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$3,195.55, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Scott Robison that now exists against all parties, including Nationwide Insurance, as a result of **Scott Robison's** treatment, account number: 614138378, treatment date: 08/31/2014, arising out of an accident which occurred on or about 08/30/2014.

I have read the above Release and I hereunto set my hand and seal this 3rd day of December, 2014.

St. Anthony Hospital, Crown Point

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

OFFICIAL SEAL
CAMILLE M ZUCCHERO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 10/19/17

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

On this 3rd day of December, 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.: 14-98978



Camille M Zucchero

\$12
CK#
276288
E