

2014 079799

2014 DEC 16 AM 9:08

MICHAEL D. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2012 040311 DATED June 19, 2012

Hospital Reimbursement Services, Inc., agents for St. Anthony, Crown Point, for and in consideration of payment and/or benefits totaling \$5,075.60, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Erica M Tolle that now exists against all parties, as a result of **Erica M Tolle's** treatment, for the patient account numbers listed below, arising out of an accident which occurred on or about 04/29/2012.

Our File No.	Patient ID	Admit Date	Discharge Date
12-32967	9612068411	5/7/2012	5/7/2012
13-98675	614024314	2/22/2014	2/22/2014
13-98681	614023513	2/14/2014	2/14/2014

I have read the above Release and hereunto set my hand and seal this 4th day of

December, 2014.

St. Anthony, Crown Point

BY:

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



STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

On this 4th 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



Camille M. Zuccherro

#12
CKH
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