

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 079818

2014 DEC 16 AM 9:10

MICHAEL D. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2014 077076 DATED December 4, 2014

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$1,132.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Amanda Suto that now exists against all parties, including Amerian Alliance Casualty, as a result of **Amanda Suto's** treatment, account number: 614150103, treatment date: 09/20/2014, arising out of an accident which occurred on or about 09/20/2014.

I have read the above Release and I hereunto set my hand and seal this 10th day of December, 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)

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

On this 10th 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.: 14-104662



Camille M. Zucchero

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