

2015 023639

2015 APR 21 AM 9:04

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2014 018376 DATED 2014 APR 1

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$10,900.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Danielle A. Domogala that now exists against all parties, including American Family Insurance, as a result of **Danielle A. Domogala's** treatment, account number(s): 614031428, treatment date(s) 03/01/2014 - 03/03/2014, arising out of an accident which occurred on or about 03/01/2014.

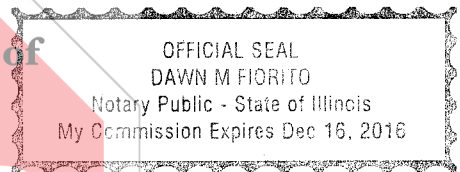
I have read the above Release and I hereunto set my hand and seal this 16th day of

April, 2015.

St. Anthony Hospita, Crown Point

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

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the Lake County Recorder!



STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

On this 16th day of April, 2015 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.



Dawn M Fiorito

Lake County
File No.: 14-74595

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