

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 059419

2015 SEP -2 AM 8:34

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2012 091384 DATED 2012 DEC 27

Hospital Reimbursement Services, Inc., agents for St. Anthony, Crown Point, does release and discharge the Hospital Lien of Roseann P Ivanovich that now exists against all parties, including Unique Insurance, as a result of **Roseann P Ivanovich's** treatment, account number: 612220599, treatment date: 12/03/2012, arising out of an accident which occurred on or about 12/03/2012.

I have read the above Release and I hereunto set my hand and seal this 26th day of

August, 2015.

St. Anthony, Crown Point

BY: Neil J. Greene

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

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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 26th day of August, 2015, before me personally came Neil J. Greene, As Agent for St. Anthony, Crown Point, known to me to be the individual who executed this Release and acknowledge that he/she fully understands its contents and freely executed same as his/her free and voluntary act.

Camille M. Zuccherro

Lake County
File No.: 12-46929



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