STATE OF INDIANA LAKE COUNTY FILEO FOR RECORD

2015 068409

2015 OCT -6 AM 10: 14

MICHAEL B. BROWN RECORDER

RELEASE OF RECORDED LIEN 2015 050473 DATED 2015 AUG 4

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$6,907.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Cheryl F Slegers that now exists against all parties, including State Farm Insurance and State Farm Insurance, as a result of Cheryl F Slegers' treatment, account number: 615110248, treatment date: 07/14/2015, arising out of an accident which occurred on or about 03/25/2015.

tland and seal this 30 day of Document is the property of Lake County Recorder! St. Anthony Hospital, Crown Point BY: Neil J. Greene Hospital Reimbursement Services, Inc. As Agent OFFICIAL SEAL CAMILLE M ZUCCHERO NOTARY PUBLIC - STATE OF ILLINOIS STATE OF ILLINOIS)SS COUNTY OF LAKE Decatos personally came Neil J. Greene, As Agent for St. Anthony Hospital, 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. Lake County

File No.: 15-129011

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