

2015 068412

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 OCT -6 AM 10:14

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2015 000214 DATED 2015 JAN 5

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$2,582.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Waleed Mansour that now exists against all parties, including Geico Insurance, as a result of Waleed Mansour's treatment, account numbers: 614198824, 614198625, treatment dates: 12/13/2014, 12/12/2014, arising out of an accident which occurred on or about 11/20/2014.

I have read the above Release and I hereunto set my hand and seal this 1st day of

October

**This Document is the property of
the Lake County Recorder!**

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)



On this 1st day of October, 2015, before me 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.

Camille M. Zuccherro

Lake County
File No.: 14-106907, 14-107201

ck- 12-27-15
DW