

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 069757

2015 OCT 14 AM 9:45

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2011 072511 DATED 2011 DEC 15

Hospital Reimbursement Services, Inc., agents for Franciscan St. Anthony Health - Crown Point, for and in consideration of payment and/or benefits totaling \$1,000.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Ivetic Milorad a/k/a Milorad Ivetic that now exists against all parties, including State Farm, as a result of Ivetic Milorad a/k/a Milorad Ivetic's treatment, account number(s): 0611098190, treatment date(s) 06/01/2011 - 06/30/2011, arising out of an accident which occurred on or about 05/01/2011.

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I have read the above Release and I hereunto set my hand and seal this 5th day of October, 2015

Franciscan St. Anthony Health - Crown Point

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

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 5th day of October, 2015, before me personally came Neil J. Greene, As Agent for Franciscan St. Anthony Health - Crown Point, 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.

Camille M. Zuccherro

Lake County
File No.: 15-109491

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