

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 069758

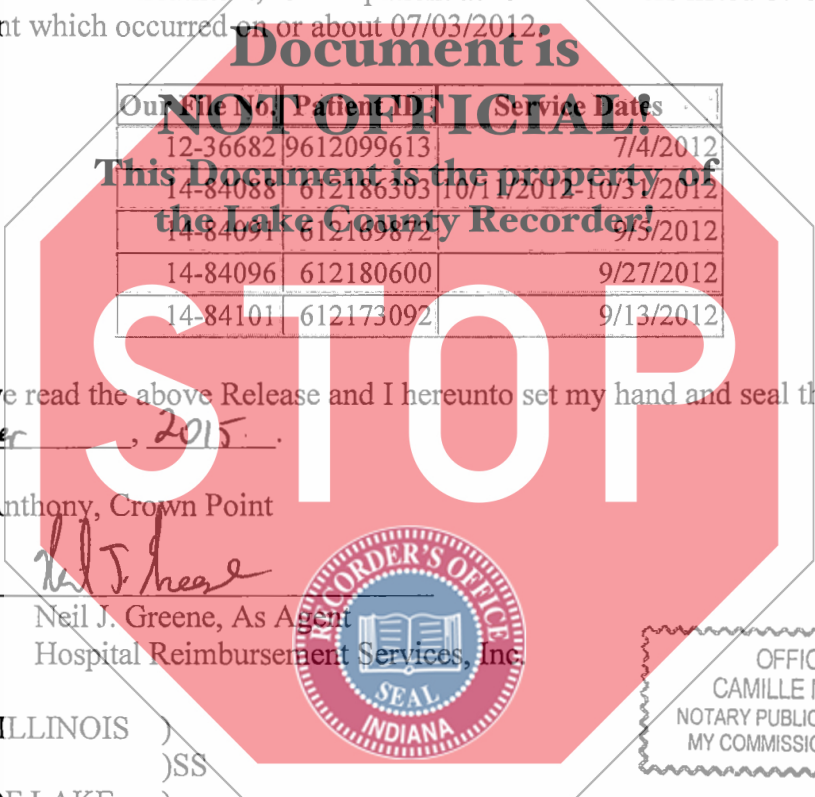
2015 OCT 14 AM 9:45

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2012 068942 DATED 2012 OCT 2

Hospital Reimbursement Services, Inc., agents for St. Anthony, Crown Point, for and in consideration of payment and/or benefits totaling \$7,013.60, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Tiffany N Mcilvain that now exists against all parties, including MetLife Insurance, as a result of **Tiffany N Mcilvain's** treatment, for the patient account numbers listed below, arising out of an accident which occurred on or about 07/03/2012.

Our File No.	Patient ID	Service Dates
12-36682	9612099613	7/4/2012
14-84088	612186303	10/11/2012-10/31/2012
14-84091	612189872	9/5/2012
14-84096	612180600	9/27/2012
14-84101	612173092	9/13/2012



I have read the above Release and I hereunto set my hand and seal this 6th day of October, 2015.

St. Anthony, Crown Point

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



STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

On this 6th day of October, 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.

Lake County

Camille M. Zucchero

#12

CK#
276615
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