

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 069759

2015 OCT 14 AM 9:46

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2015 055285 DATED 2015 AUG 18

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$669.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Gustavo Rodriguez as Parent and/or Guardian of Natalia Rodriguez that now exists against all parties, including American Family Insurance, as a result of **Natalia Rodriguez's** treatment, account number: 615105068, treatment date: 07/05/2015, arising out of an accident which occurred on or about 07/05/2015.

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

Lake County
File No.: 15-126297

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