

2015 069762

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 OCT 14 AM 9:46

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2013 090874 DATED 2013 DEC 12

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$2,917.70, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Crystall Jean Kelley that now exists against all parties, including State Farm Insurance, as a result of Crystall Jean Kelley's treatment, account number(s): 613174670, treatment date(s) 11/08/2013 - 11/09/2013, arising out of an accident which occurred on or about 11/08/2013.

I have read the above Release and I hereunto set my hand and seal this 8th day of October, 2015.
Document is NOT OFFICIAL!
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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 8th 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.: 13-67554

Handwritten notes:
\$12
CR# 276615
E Q