

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 071926

2015 OCT 23 AM 9:17

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2015 059410 DATED 2015 SEP 2

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$1,286.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Manuel Lyerla that now exists against all parties, including Progressive Insurance, as a result of Manuel Lyerla's treatment, account number: 615095057, treatment date: 06/18/2015, arising out of an accident which occurred on or about 06/18/2015.

I have read the above Release and I hereunto set my hand and seal this 14th 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)

OFFICIAL SEAL
CAMILLE M ZUCCHERO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 10/19/17



On this 14th 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.: 15-125762

12-
276620
RM
E