

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 081931

2015 DEC -9 AM 8:37

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2014 025839 DATED 2014 MAY 8

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$3,267.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Cherylynn Kitchens that now exists against all parties, including Allstate Insurance, as a result of **Cherylynn Kitchens's** treatment, account number(s): 614018581, treatment date(s) 02/07/2014, arising out of an accident which occurred on or about 02/07/2014.

I have read the above Release and hereunto set my hand and seal this 1st day of

December

**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 1st day of December, 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.

Dawn M Fiorito

Lake County
File No.: 14-79821

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