

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 081934

2015 DEC -9 AM 8:38

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2015 074634 DATED 2015 NOV 5

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$1,052.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Jennifer Coppage as Parent/Guardian of Shyann Coppage that now exists against all parties, including California Casualty, as a result of **Shyann Coppage's** treatment, account number: 615160787, treatment date: 10/10/2015, arising out of an accident which occurred on or about 10/10/2015.

I have read the above Release and I hereunto set my hand and seal this 2nd day of

December

**This Document is the property of
the Lake County Recorder!**

St. Anthony Hospital, Crown Point

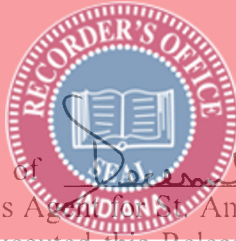
BY:

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



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

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)



On this 2nd 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.

Camille M. Zuccherro

Lake County
File No.: 15-137660

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK # 276669
OVERAGE _____
COPY _____
NON COM _____
CLERK AR