

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 001519

2016 JAN 12 AM 8:33

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2013 066116 DATED 2013 SEP 10

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$15,209.60, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Ian Hobbs that now exists against all parties, including Joy Hobbs and Liberty Mutual Insurance, as a result of **Ian Hobbs's** treatment, account number(s): 613106800, treatment date(s) 07/14/2013, arising out of an accident which occurred on or about 07/14/2013.

I have read the above Release and I hereunto set my hand and seal this 7th day of

January, 2016.

St. Anthony Hospital, Crown Point

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

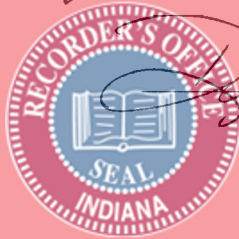
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OFFICIAL SEAL
OF MICHAEL B. BROWN
Public - State of Illinois
Not Expired until 12/31/2016

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

On this 7th day of January, 2016, before me personally came Neil J. Greene, known to me to be the individual who executed this Release and acknowledge that he fully understands its contents and freely executed same as his free and voluntary act.

Lake County
File No.: 13-60670



AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK # 276698
OVERAGE _____
COPY _____
NON-COM _____
CLERK AM

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