

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 016361

2016 MAR 17 AM 11:55

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2015 057472 DATED 2015 AUG 24

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$1,561.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Bobbi J Winters that now exists against all parties, as a result of **Bobbi J Winters's** treatment, account number: 615112824, treatment date: 07/18/2015, arising out of an accident which occurred on or about 07/17/2015.

I have read the above Release and I hereunto set my hand and seal this 8th day of March, 2016.

St. Anthony Hospital, Crown Point

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

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

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

On this 8th day of March, 2016, 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.

Lake County
File No.: 15-128996



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\$ 12.00
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