

STATE OF ILLINOIS
LAKE COUNTY
FILED FOR RECORD

2016 034165

2016 JUN -3 AM 8:44

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2014 041089 DATED 2014 JUL 15

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$15,000.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Laura Troxell that now exists against all parties, including Geico Insurance, as a result of **Laura Troxell's** treatment, account numbers: 614083612, 614083586, 614096697, treatment dates: 05/29/2014, 05/29/2014, 06/30/2014-07/02/2014, arising out of an accident which occurred on or about 05/16/2014.

I have read the above Release and I hereunto set my hand and seal this 24th day of

May, 2016.

St. Anthony Hospital, Crown Point

BY:

Neil J. Greene
Neil J. Greene

Hospital Reimbursement Services, Inc.
As Agent

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

STATE OF ILLINOIS)

)SS

COUNTY OF LAKE)

On this 24th day of May, 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.



Michael B. Brown

Lake County

File Nos.: 14-83432, 14-83439, 14-96106

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