

2016 034166

2016 JUN -3 AM 8:44

MICHAEL D. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2012 060212 DATED 2012 SEP 5

Hospital Reimbursement Services, Inc., agents for St. Anthony, Crown Point, for and in consideration of payment and/or benefits totaling \$613.21, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Timothy W. Jabaay that now exists against all parties as a result of **Timothy W. Jabaay's** treatment, account number(s): 9612066612, treatment date(s) 04/19/2012 - 04/30/2012, arising out of an accident which occurred on or about 03/30/2012.

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

May, 2016.

St. Anthony, Crown Point

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

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OFFICIAL SEAL
DAWN M FIORITO
Notary Public - State of Illinois
Commission Expires Dec 15, 2016

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, 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.: 12-38597



Dawn M Fiorito

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