

STATE OF ILLINOIS
LAKE COUNTY, ILL.
FILED FOR RECORD

2016 034928

2016 JUN -7 AM 10:21

MICHAEL STURDWIN
RECORDER

RELEASE OF RECORDED LIEN 2015 000217 DATED 2015 JAN 5

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of a prior payment and/or benefit totaling \$5,000.00 and an additional payment and/or benefit totaling \$4,472.40, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Sandra Vandrunen as Parent/Guardian of Anna M Vandrunen that now exists against all parties, including Safeco Insurance and Acuity Insurance, as a result of **Anna M Vandrunen's** treatment, account number: 614199028, treatment date: 12/13/2014, arising out of an accident which occurred on or about 12/13/2014.

I have read the above Release and I hereunto set my hand and seal this 31st day of

May 2016

St. Anthony Hospital, Crown Point

BY:

Dawn Fiorito
Dawn Fiorito, Client Manager
Hospital Reimbursement Services, Inc.
As Agent

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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 31st day of May, 2016, before me personally came Dawn Fiorito, 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.: 14-106908

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acc. 276847
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