

2016 034932

2016 JUN -7 AM 10: 21

MICHAEL S. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2016 027274 DATED 2016 MAY 5

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$4,103.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Gary Daniels that now exists against all parties, including American Family Insurance, as a result of **Gary Daniels's** treatment, account number(s): 616038831, treatment date(s) 03/05/2016, arising out of an accident which occurred on or about 03/05/2016.

I have read the above Release and I hereunto set my hand and seal this 3rd day of

June, 2016.
St. Anthony Hospital, Crown Point

BY: Camille Zucchero
Camille Zucchero, Client Manager
Hospital Reimbursement Services, Inc.
As Agent

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OFFICIAL SEAL
DAWN M FIORITO
Notary Public - State of Illinois
For Commission Expires Dec 10, 2016

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

On this 3rd day of June, 2016, before me personally came Camille Zucchero, 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.: 16-155763



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