

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2016 037191

2016 JUN 16 AM 9: 37

MICHAEL B. BROWN  
RECORDER

**RELEASE OF RECORDED LIEN 2012 065209 DATED 2012 SEP 18**

Hospital Reimbursement Services, Inc., agents for St. Anthony, Crown Point, for and in consideration of payment and/or benefits totaling \$13,045.73, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Jeffrey Ashcraft that now exists against all parties, including American National Insurance, as a result of the following treatment rendered to **Jeffrey Ashcraft** arising out of an accident which occurred on or about 08/07/2012:

Our File Number	Account Number	Dates of Service
12-37912	612154377	8/7/2012
12-40917	612160421	8/17/2012

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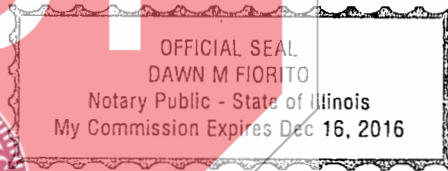
I have read the above Release and hereby seal this 7<sup>th</sup> day of

June, 2016

St. Anthony, Crown Point

BY:

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



STATE OF ILLINOIS )  
)SS  
COUNTY OF LAKE )

On this 7<sup>th</sup> day of June, 2016, before me personally came Camille Zucchero, 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

Dawn M Fiorito

#12  
CK#  
276850  
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