STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2016 038098

2016 JUN 21 AM 8: 46

MICHAEL B. BROWN RECORDER

RELEASE OF RECORDED LIEN 2012 058189 DATED 2012 AUG 28

Hospital Reimbursement Services, Inc., agents for St. Anthony, Crown Point, for and in consideration of payment and/or benefits totaling \$520.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Cristal Cuadra that now exists against all parties, including State Farm, as a result of Cristal Cuadra's treatment, account number(s): 9612061198, treatment date(s) 04/21/2012, arising out of an accident which occurred on or about 04/

set my hand and seal this 13 day of I have read the above This Document is the property of the Lake County Recorder! St. Anthony, Crown Point BY: Neil J. Greene Hospital Reimbursement Services, Inc. OFFICIAL SEAL As Agent CAMILLE M ZUCCHERO NOTARY PUBLIC - STATE OF ILLINOIS STATE OF ILLINOIS)SS COUNTY OF LAKE Zoll, On this day of 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.: 12-32959

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