

2016 054344

2016 AUG 10 AM 8:43

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2016 034926 DATED 2016 JUN 7

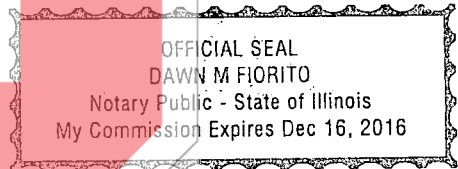
Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$715.05, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Rebekka M. Beilfuss that now exists against all parties, including Stacie Beilfuss and State Farm, as a result of **Rebekka M. Beilfuss's** treatment, account number(s): 616060022, treatment date(s) 04/11/2016, arising out of an accident which occurred on or about 04/10/2016.

I have read the above Release and I hereunto set my hand and seal this 5th day of August, 2016.
Document is NOT OFFICIAL!
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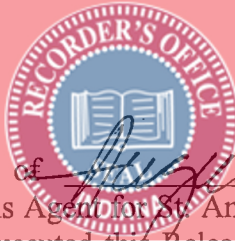
St. Anthony Hospital, Crown Point

BY:

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



STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)



On this 5th day of August, 2016, before me personally came Neil J. Greene, 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.

Dawn M Fiorito

Lake County
File No.: 16-160223

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CK# 276901
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