

2016 055490

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2016 AUG 16 AM 8:50

MICHAEL B. BROWN  
RECORDER

**RELEASE OF RECORDED LIEN 2016 048790 DATED 2016 AUG 2**

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$3,672.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Linda Howard that now exists against all parties, including State Farm, as a result of **Linda Howard's** treatment, account number(s): 616112769, treatment date(s) 07/13/2016, arising out of an accident which occurred on or about 07/13/2016.

I have read the above Release and hereunto set my hand and seal this 12<sup>th</sup> day of

August

**This document is the property of the Lake County Recorder!**

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 12<sup>th</sup> 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.



John M. Frank

Lake County  
File No.: 16-165163

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