

FILED FOR RECORD

2016 057464

2016 AUG 24 AM 9:37

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2016 046868 DATED 2016 JUL 26

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$866.06, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Kipling Skerbinek that now exists against all parties, including Geico Insurance, as a result of **Kipling Skerbinek's** treatment, account number: 616091957, treatment date: 06/05/2016, arising out of an accident which occurred on or about 06/05/2016.

I have read the above Release and I hereunto set my hand and seal this 16th day of

August, 2016.

St. Anthony Hospital, Crown Point

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

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

STATE OF ILLINOIS
MICHAEL B. BROWN
RECORDER
MY COMMISSION EXPIRES 11/10/17

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

STOP

On this 16th 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.



Lake County
File No.: 16-164601

CK-276913
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