

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2016 059290

2016 AUG 31 AM 8:49

MICHAEL B. BROWN  
RECORDER

RELEASE OF RECORDED LIEN 2012 083237 DATED 2012 NOV 27

Hospital Reimbursement Services, Inc., agents for St. Anthony, Crown Point, for and in consideration of payment and/or benefits totaling \$11,272.41, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Charles Copeland that now exists against all parties, including Indiana Farm Bureau, as a result of **Charles Copeland's** treatment, account number(s): 9612098263, 9612109582, treatment date(s) 07/01/2012, 07/30/2012, arising out of an accident which occurred on or about 06/20/2012.

I have read the above Release and I hereunto set my hand and seal this 25<sup>th</sup> day of

August, 2016.

St. Anthony, 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!

OFFICIAL SEAL  
DAWN M FIORITO  
Notary Public - State of Illinois  
My Commission Expires Dec 16, 2016

STATE OF ILLINOIS )  
)SS  
COUNTY OF LAKE

On this 25<sup>th</sup> day of August, 2016, before me 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.: 12-36325/12-39345



*Dawn Fiorito*

\$12  
CK# 276918  
C  
E