

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 059291

2016 AUG 31 AM 8:49

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2015 005112 DATED 2015 JAN 27

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$1,519.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of John Williams that now exists against all parties, including Liberty Mutual Insurance, as a result of **John Williams**'s treatment, account number: 614195083, treatment date: 12/07/2014, arising out of an accident which occurred on or about 12/06/2014.

I have read the above Release and I hereunto set my hand and seal this 24 day of August, 2016.

St. Anthony Hospital, Crown Point

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

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OFFICIAL SEAL
MILLE M ZUCCHERO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 10/19/17

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

On this 24th 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.: 14-106330



Michael B. Brown

#12
CK# 276918
AK
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