

2017 001921

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 JAN 11 AM 9:44

MICHAEL B. BROWN  
RECORDER

RELEASE OF RECORDED LIEN 2016 005000 DATED 2016 JAN 22

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of a prior payment and/or benefit totaling \$1,060.30 and an additional payment and/or benefit totaling \$1,511.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Kenneth J Poswilko that now exists against all parties, including State Farm and AAA Insurance, as a result of **Kenneth J Poswilko's** treatment, account number: 615187526, treatment dates: 12/03/2015 - 12/31/2015, arising out of an accident which occurred on or about 10/01/2015.

**Document is NOT OFFICIAL!**

I have read the above Release and Lien to get and seal this 3<sup>rd</sup> day of

January, 2017.

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

St. Anthony Hospital, Crown Point

BY:

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

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

STATE OF ILLINOIS )  
)SS  
COUNTY OF LAKE )



On this 3<sup>rd</sup> day of January, 2017, before me personally came Neil J. Greene, known to me to be the individual who executed this Release and acknowledge that he fully understands its contents and freely executed same as his free and voluntary act.

Camille M. Zucchero

Lake County  
File No.: 16-145902

\$12<sup>00</sup>  
€ 277030  
CB