

2017 001923

FILED FOR RECORD

2017 JAN 11 AM 9:44

MICHAEL B. BROWN  
RECORDER

**RELEASE OF RECORDED LIEN 2016 045122 DATED 2016 JUL 20**

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$23,280.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Michael Scandura that now exists against all parties, including State Farm and Progressive Insurance, as a result of **Michael Scandura's** treatment, account numbers: 616104060, 616099700, treatment dates: 06/27/2016, 06/19/2016-06/20/2016, arising out of an accident which occurred on or about 06/19/2016.

I have read the above Release and I hereunto set my hand and seal this 4<sup>th</sup> day of

January, 2017

**Document is NOT OFFICIAL!  
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 4<sup>th</sup> day of January, 2017, 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 fully understands its contents and freely executed same as his free and voluntary act.

Camille M. Zucchero

Lake County  
File No.: 16-163621, 16-164164

#12<sup>00</sup>  
E 277030  
CAB