

2017 004317

2017 JAN 19 AM 9:38

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2015 019120 DATED 2015 APR 1

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$947.68, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Rachel L. Edgman that now exists against all parties, including State Farm Insurance and Alfa Vision Insurance, as a result of **Rachel L. Edgman's** treatment, account number(s): 615022133, treatment date(s) 02/10/2015, arising out of an accident which occurred on or about 02/08/2015.

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

I have read the above Release and I hereunto set my hand and seal this 10th day of January, 2017

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 10th 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/she fully understands its contents and freely executed same as his/her free and voluntary act.

Camille M. Zucchero

Lake County
File No.: 15-112744

Handwritten notes:
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