

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 010920

2017 FEB 22 AM 9:04

MICHAEL B. BROWN  
RECORDER

**RELEASE OF RECORDED LIEN 2012 078775 DATED 11/07/12**

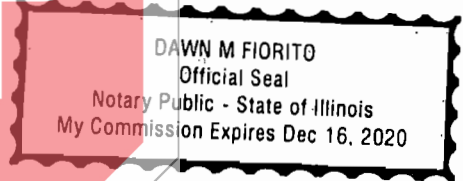
Hospital Reimbursement Services, Inc., agents for St. Anthony, Crown Point, for and in consideration of payment and/or benefits totaling \$4,836.61, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Rosemary Erwin that now exists against all parties, including American Access, as a result of **Rosemary Erwin's** treatment, account number(s): 612175931/612196928 treatment date(s) 09/15/12;10/24/12 arising out of an accident which occurred on or about 09/15/12.

I have read the above Release and I hereunto set my hand and seal this 16<sup>th</sup> day of February, 2017.  
**Document is NOT OFFICIAL!**  
**This Document is the property of the Lake County Recorder!**

St. Anthony, Crown Point

BY:

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



STATE OF ILLINOIS )  
)SS  
COUNTY OF LAKE )



On this 16<sup>th</sup> day of February, 2017, 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.

*Dawn M Fiorito*

Lake County  
File No.: 12-40878/12-45406

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CK# 277078  
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