

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 041187

2017 JUL -5 AM 8:40

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2014 065531 DATED 10/15/2014

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$2,286.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Cody D Sutton that now exists against all parties, including Hanover Insurance, as a result of **Cody D Sutton's** treatment, account number: 614136460 treatment date: 08/27/2014, arising out of an accident which occurred on or about 08/03/2014.

I have read the above Release and hereunto set my hand and seal this 30th day of

June

**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

STOP

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 30th day of June, 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.: 14-98876

2500
1/27/21
JAS