

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 042909

2017 JUL 13 AM 9:28

MICHAEL B. BROWN  
RECORDER

RELEASE OF RECORDED LIEN 2016 011864 DATED 02/26/2016

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$4,062.78, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Richard Dowden that now exists against all parties, including Allstate Insurance, as a result of **Richard Dowden's** treatment, account number: 615197432 treatment date: 01/04/2016, arising out of an accident which occurred on or about 12/14/2015.

I have read the above Release and hereunto set my hand and seal this 7<sup>th</sup> day of

July

**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

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 7<sup>th</sup> day of July, 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 Zuccherro*

Lake County  
File No.: 16-150672

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