

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 044899

2017 JUL 20 AM 8:52

MICHAEL B. BROWN  
RECORDER

**RELEASE OF RECORDED LIEN 2015065478 DATED 09/22/15**

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of prior payments and/or benefits totaling \$2,818.67 and payment and/or benefits totaling \$9,000.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Jacqueline Hefty that now exists against all parties, including American Family Insurance, as a result of **Jacqueline Hefty's** treatment, account number(s): 615131793 treatment date(s) 08/21/2015-08/22/2015, arising out of an accident which occurred on or about 08/21/2015.

**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 10<sup>th</sup> day of July, 2017.

St. Anthony Hospital, Crown Point

BY: Neil J. Greene  
Neil J. Greene  
Hospital Reimbursement Services, Inc.  
As Agent

DAWN M FIORITO  
Official Seal  
Notary Public - State of Illinois  
My Commission Expires Dec 16, 2020

STATE OF ILLINOIS )  
)SS  
COUNTY OF LAKE



On this 10<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.

Dawn Fiorito

Lake County  
File No.: 15-131945

25-6  
06-277224  
D