

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 044901

2017 JUL 20 AM 8:52

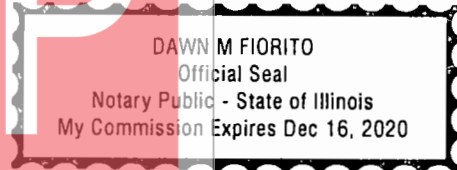
MICHAEL B. BROWN  
RECORDER

RELEASE OF RECORDED LIEN 2014 001887 DATED 01/14/14

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$2,142.25, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Hector Velez that now exists against all parties, including USAA Insurance, as a result of Hector Velez's treatment, account number(s): 613182657 treatment date(s) 11/22/2013, arising out of an accident which occurred on or about 11/20/2013.

I have read the above Release and I hereunto set my hand and seal this 10<sup>th</sup> day of July 2017  
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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 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 M Fiorito

Lake County  
File No.: 13-68063

25. -G  
ck-277254  
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