STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 069122

2017 OCT 12 AM 9:51

MICHAEL B. BROWN RECORDER

RELEASE OF RECORDED LIEN 2016 016359 DATED 03/17/2016

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$1,150.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Ann Hanson that now exists against all parties, including Farmers Insurance, as a result of Ann Hanson's treatment, account number: 616011893 treatment date: 01/20/2016, arising out of an accident which occurred on or about 01/20/2016.

I have read the above R oset my hand and seal this 5' day of Ochober This Document is the property of St. Anthony Hospital, Crown Point BY: Neil J. Greene Hospital Reimbursement Services, Inc. As Agent OFFICIAL SEAL CAMILLE M ZUCCHERO OTARY PUBLIC - STATE OF ILLINOIS STATE OF ILLINOIS MY COMMISSION EXPIRES:10/19/21)SS COUNTY OF LAKE On this personally came Neil J. Greene, As Agent for St. Asthony 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. Lake County

File No.: 16-149948

JE 2513V