

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 073057

2017 OCT 31 AM 8:50

MICHAEL B. BROWN  
RECORDER

**RELEASE OF RECORDED LIEN 2015 000228 DATED 01/05/2015**

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$1,649.40, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Erin R Gordon that now exists against all parties, including Geico Insurance, as a result of **Erin R Gordon's** treatment, account number: 614191545 treatment date: 12/01/2014, arising out of an accident which occurred on or about 12/01/2014.

I have read the above Release and hereunto set my hand and seal this 26<sup>th</sup> day of

October

**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

STATE OF ILLINOIS )  
  )SS  
COUNTY OF LAKE )



On this 26<sup>th</sup> day of October, 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.: 14-106171

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