

2017 085038

2017 DEC 14 AM 9:47

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2012 065201 DATED 09/18/12

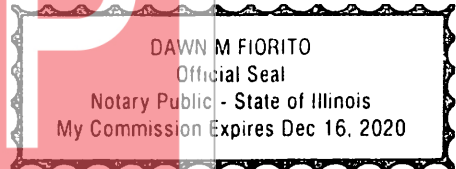
Hospital Reimbursement Services, Inc., agents for St. Anthony, Crown Point, for and in consideration of payment and/or benefits totaling \$1,340.14, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of David Hagy that now exists against all parties, including Liberty Mutual, as a result of David Hagy's treatment, account number(s): 9612107609 treatment date(s) 07/21/2012, arising out of an accident which occurred on or about 07/21/2012.

I have read the above Release and thereunto set my hand and seal this 7th day of

December, 2017. This Document is the property of the Lake County Recorder!

St. Anthony, Crown Point

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



STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

On this 7th day of December, 2017, before me personally came Neil J. Greene, As Agent for St. Anthony, 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.: 12-37645

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