

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2019 035205

2019 JUN 12 AM 9:32

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2015 027266 DATED 05/07/15

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$1,958.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Daniel Dvorak that now exists against all parties, including State Farm Insurance and Allstate Insurance, as a result of **Daniel Dvorak's** treatment, account number(s): 615045546 treatment date(s) 03/31/2015, arising out of an accident which occurred on or about 03/20/2015.

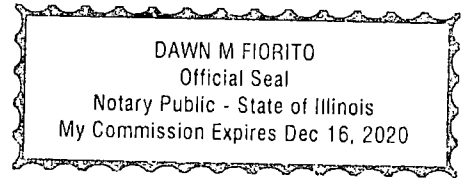
I have read the above Release and I hereunto set my hand and seal this 6th day of

June, 2019.

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 *6th* day of *June*, *2019*, 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.: 15-117455

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