NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL RECORDER STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2021-071001

8:44 AM 2021 Dec 9

RELEASE OF RECORDED LIEN 2012 013220 DATED 02/23/12

Hospital Reimbursement Services, Inc., agents for St. Anthony, Crown Point, for and in consideration of payment and/or benefits totaling \$1,857.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Trina Kemp that now exists against all parties, including State Farm Insurance, as a result of **Trina Kemp**'s treatment, account number(s): 0611142965 treatment date(s) 09/25/2011, arising out of an accident which occurred on or about 09/17/2011.

I have read the above Release and I hereunto set my hand and seal this 3 day of	
Deumby 2021	
	St. Anthony, Crown Point
6	Λ .
BY:_	Camille Zucchero, As Agent
7/	Hospital Reimbursement Services, Inc.
STATE OF ILLINOIS)	
COUNTY OF LAKE	
On this day of	for St. Anthony, Crown Point, known to me to be
the individuals who executed this Release a contents and freely executed same as his/her free	nd acknowledge that he/she fully understands its
contents and recry executed same as mis net re-	Dun m-Dayi
	OFFICIAL SEAL
Lake County File No.: 11-21431	DAWN M FIORITO NOTARY PUBLIC - STATE OF ILLINOIS
File No.: 11-21-31	MY COMMISSION EXPIRES:12/16/24
	10-
	· CO.
	6/-
	Corder
	K

8. 4 S. 80 14 F.