

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-072172

8:38 AM 2021 Dec 20

RELEASE OF RECORDED LIEN 2013 078367 DATED 10/22/13

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$1,775.50, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Rhonda S Hinkens that now exists against all parties, including State Farm Insurance, as a result of **Rhonda S Hinkens's** treatment, account number: 613153888 treatment dates: 10/04/2013-10/05/2013, arising out of an accident which occurred on or about 08/02/2013.

I have read the above Release and I hereunto set my hand and seal this 9th day of December, 2021.

St. Anthony Hospital, Crown Point

BY: [Signature]
Camille Zucchero, As Agent
Hospital Reimbursement Services, Inc.

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

On this 9th day of December 2021, before me personally came Camille Zucchero, As Agent; for St. Anthony Hospital, Crown Point, known to me to be the individuals who executed this Release and acknowledge that he/she fully understands its contents and freely executed same as his/her free and voluntary act.

[Signature]
OFFICIAL SEAL
DAWN M FIORITO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:12/16/24

Lake County
File No.: 13-65078

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