

# NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2021-072174

8:38 AM 2021 Dec 20

## RELEASE OF RECORDED LIEN 2012 011244 DATED 02/15/12

Hospital Reimbursement Services, Inc., agents for St. Anthony, Crown Point, for and in consideration of payment and/or benefits totaling \$1,705.27, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Jessica E Flores that now exists against all parties, including Allstate Insurance, as a result of Jessica E Flores's treatment, account number: 9611168124 treatment date: 11/08/2011, arising out of an accident which occurred on or about 11/08/2011.

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

St. Anthony, Crown Point

BY:

Camille Zuchero  
Camille Zuchero, As Agent  
Hospital Reimbursement Services, Inc.

STATE OF ILLINOIS )  
                          )SS  
COUNTY OF LAKE )

On this 9<sup>th</sup> day of December, 2021, before me personally came Camille Zuchero, As Agent; for St. Anthony, 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.

Dawn M Fiorito



Lake County  
File No.: 11-24141

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