

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2022-024845

8:53 AM 2022 Aug 2

RELEASE OF RECORDED LIEN 2014030382 DATED 05/28/14

Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$1,058.50, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Robert A Schlundt that now exists against all parties, including Geico Insurance, as a result of Robert A Schlundt's treatment, account number: 614075601 treatment date: 05/08/2014, arising out of an accident which occurred on or about 05/08/2014.

I have read the above Release and I hereunto set my hand and seal this 25th day of

July, 2022

St. Anthony Hospital, Crown Point

BY: Lisa Ayers
Lisa Ayers, As Agent
Hospital Reimbursement Services, Inc.

Hospital Reimbursement Services, Inc., 250 Parkway Dr., Suite 168, Lincolnshire, IL 60069
Telephone 847-403-5870 | Facsimile 847-403-5871 | File No.: 14-81875

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

On this 25th day of July, 2022, before me personally came Lisa Ayers, 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.

Lake County

Camille M. Zuccherro



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RM
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