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MICHELLE A. FAJMAN
RECORDER

RELEASE OF RECORDED LIEN 2012 027204 DATED April 24, 2012

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$1,659.33, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Joseph Pierce that now exists against all parties, including State Auto, as a result of **Joseph Pierce's** treatment, account number: 9212015699, treatment date: 01/30/2012, arising out of an accident which occurred on or about 01/30/2012.

I have read the above Release and I hereunto set my hand and seal this 20th day of June, 2012.

St. Margaret - Hammond

BY: Neil J. Greene

Neil J. Greene
Hospital Reimbursement Services, Inc.
As Agent

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)



On this 20th day of June, 2012, before me personally came Neil Greene, known to me to be the individual who executed this Release and acknowledge that he fully understands its contents and freely executed same as his free and voluntary act.



Camille M. Zucchero

Lake County
File No.: 12-28218

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