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MICHELLE R. FAJMAN
RECORDER

RELEASE OF RECORDED LIEN 2012 032011 DATED May 15, 2012

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$549.99, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Shawn Simmons that now exists against all parties, including State Farm, as a result of **Shawn Simmons'** treatment, account number: 9212045728, treatment date: 03/19/2012, arising out of an accident which occurred on or about 03/19/2012.

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

St. Margaret - Hammond

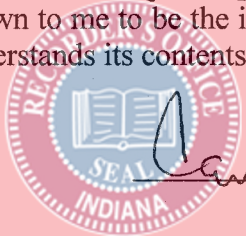
BY: Neil J. Greene

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. Zuccherro

Lake County
File No.: 12-30638

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