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MICHELLE R. FAJMAN
RECORDER

RELEASE OF RECORDED LIEN 2012 034546 DATED May 23, 2012

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$5,329.33, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Sekyla Hudson that now exists against all parties, including State Farm, as a result of **Sekyla Hudson's** treatment, account number: 9212068276, treatment date: 04/27/2012, arising out of an accident which occurred on or about 04/27/2012.

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.: 12-32287

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