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MICHELLE R. FAJMAN
RECORDER

RELEASE OF RECORDED LIEN 2011 074926 DATED 2011 DEC 28

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, does release and discharge the Hospital Lien of Rosalba Gutierrez that now exists against all parties, including Affirmative Insurance, as a result of **Rosalba Gutierrez's** treatment, account number(s): 9211147254, 9211168189, 9211175574, 9211197435, 9212001142, 9212017824, 9212034737, 9212053249 treatment date(s) 09/03/2011, 10/10/2011, 10/24/2011, 11/02/2011-11/30/2011, 12/01/2011-12/31/2011, 01/01/2012-01/31/2012, 02/01/2012-02/29/2012, 03/01/2012-03/31/2012,.

I have read the above Release and I hereunto set my hand and seal this 19th 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 19th 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.: 11-19630, et al.

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