

2012 060226

2012 SEP -5 AM 10:41

MICHAEL J. FAJMAN
RECORDER

RELEASE OF RECORDED LIEN 2012 045252 DATED July 11, 2012

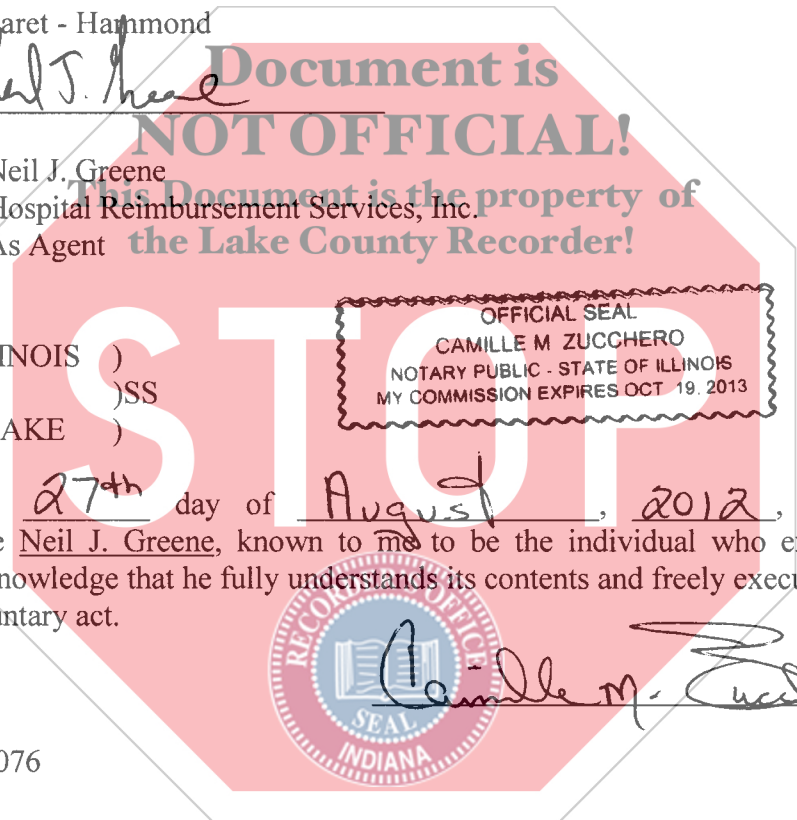
Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$3,230.40, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Araceli Vega that now exists against all parties, including State Farm, as a result of **Araceli Vega's** treatment, account number: 9212077118, treatment date: 05/10/2012, arising out of an accident which occurred on or about 05/10/2012.

I have read the above Release and I hereunto set my hand and seal this 27th day of August, 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 27th day of August, 2012, before me personally came Neil J. 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
RECORDED & INDEXED
SEAL
INDIANA

Lake County
File No.: 12-33076

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