

2012 060227

2012 SEP -5 AM 10:41

MICHELLE PAUMAN
RECORDER

RELEASE OF RECORDED LIEN 2012 007819 DATED 2012 JAN 31

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$1,553.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Hector Hernandez that now exists against all parties, including State Farm Insurance, as a result of **Hector Hernandez's** treatment, account number(s): 9211187928, treatment date(s) 11/14/2011, arising out of an accident which occurred on or about 11/14/2011.

I have read the above Release and I hereunto set my hand and seal this 28th day of August, 2012.

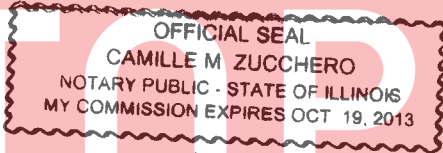
St. Margaret - Hammond

BY: Neil J. Greene

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

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the Lake County Recorder!

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)



On this 28th 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. Zucchero
RECORDED & INDEXED
SEAL
INDIANA

Lake County
File No.: 11-24066

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