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MICHELLE R. FAJMAN  
RECORDER

**RELEASE OF RECORDED LIEN 2012 041855 DATED 2012 JUN 25**

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$544.66, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Daniela Cervantes that now exists against all parties, including State Farm, as a result of **Daniela Cervantes's** treatment, account number(s): 9212083379, treatment date(s) 05/23/2012, arising out of an accident which occurred on or about 05/23/2012.

I have read the above Release and I hereunto set my hand and seal this 13<sup>th</sup> day of September, 2012.

St. Margaret - Hammond

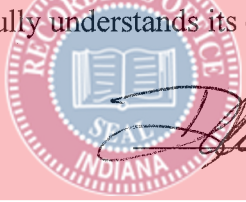
BY: Neil J. Greene

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



STATE OF ILLINOIS )  
)SS  
COUNTY OF LAKE )

On this 13<sup>th</sup> day of September, 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.



Dawn M Fiorito

Lake County  
File No.: 12-33838

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