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MICHEL P FAJMAN RECORDER

## RELEASE OF RECORDED LIEN 2012 068944 DATED October 2, 2012

Hospital Reimbursement Services, Inc., agents for St. Margaret - Dyer, for and in consideration of payment and/or benefits totaling \$1,121.66, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Jacob Wells that now exists against all parties, including Allied/Nationwide Insurance, as a result of **Jacob Wells**'s treatment, account number: 9212090100, treatment date: 06/02/2012, arising out of an accident which occurred on or about 06/02/2012.

I have read the above Release and I hereunto set my hand and seal this  $\mathcal{L}^{\mu}$  day of St. Margaret - Dyel BY: Neil J. Greene Hospital Reimbursement Services, Inc. Document is the property As Agent<sup>S</sup> the Lake County OFFICIAL SEAL STATE OF ILLINOIS CAMILLE M ZUCCHERO SS NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES OCT 19, 2013 COUNTY OF LAKE day of December 2012 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. Lake County File No.: 12-37999 CK# 12 215419 CA