

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 048223

2013 JUL -2 AM 10:56

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2013 007372 DATED 2013 JAN 29

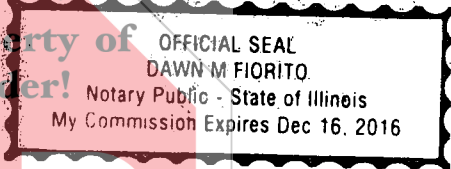
Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$2,800.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Sharette Alexander that now exists against all parties as a result of **Sharette Alexander's** treatment, account number(s): 212191048, treatment date(s) 10/28/2012, arising out of an accident which occurred on or about 10/25/2012.

I have read the above Release and I hereunto set my hand and seal this 25th day of June, 2013.

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 25th day of June, 2013 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
RECORDER'S OFFICE
SEAL
INDIANA

Lake County
File No.: 12-44154

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