

2013 048225

2013 JUL -2 AM 10: 57

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2013 030503 DATED 2013 APR 30

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$5,000.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Rasha Hijazin that now exists against all parties, including Progressive Insurance, as a result of **Rasha Hijazin's** treatment, account number(s): 213053903, treatment date(s) 04/07/2013 - 04/08/2013, arising out of an accident which occurred on or about 04/07/2013.

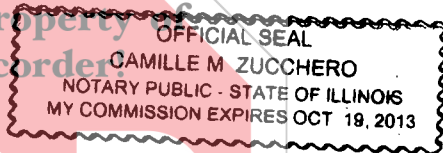
I have read the above Release and I hereunto set my hand and seal this 25th day of

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.

Camille M. Zuccherro

Lake County
File No.: 13-54438



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