

2013 049329

2013 JUL -9 AM 8:40

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2013 030498 DATED April 30, 2013

Hospital Reimbursement Services, Inc., agents for St. Margaret - Dyer, for and in consideration of payment and/or benefits totaling \$4,186.25, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Emelinda Perez that now exists against all parties, including State Farm Insurance, as a result of **Emelinda Perez's** treatment, account number: 213036232, treatment date: 03/07/2013, arising out of an accident which occurred on or about 03/07/2013.

I have read the above Release and I hereunto set my hand and seal this 1st day of

July, 2013.

St. Margaret - Dyer

BY: Neil J. Greene

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

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)



On this 1st day of July, 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. Zucchero

Lake County
File No.: 13-52755

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