

2013 049331

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 JUL -9 AM 8:40

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2012 052587 DATED 2012 AUG 7

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$1,200.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Joseph E. Armistead that now exists against all parties, including Geico, as a result of **Joseph E. Armistead's** treatment, account number(s): 9212067874, treatment date(s) 04/26/2012, arising out of an accident which occurred on or about 04/26/2012.

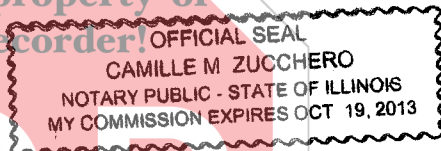
I have read the above Release and I hereunto set my hand and seal this 2nd day of

July, 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 2nd 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.

Lake County
File No.: 12-32308



Camille M. Zucchero

#17

CK#
275704

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