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2013 JUL -9 AM 8:41

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2013 036451 DATED May 21, 2013

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$1,212.50, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Jonathan D. Walton that now exists against all parties, including American Family Insurance, as a result of **Jonathan D. Walton's** treatment, account number: 213039665, treatment dates: 03/13/2013 - 03/14/2013, arising out of an accident which occurred on or about 03/13/2013.

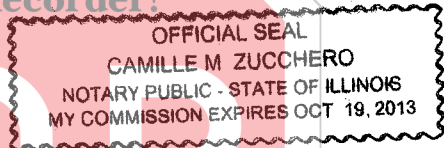
I have read the above Release and I hereunto set my hand and seal this 2nd day of

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.



Camille M. Zuccherro

Lake County
File No.: 13-52882

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