2013 051192

STATE OF INDIANAL LAKE COUNTY FILED FOR RECORD

2013 JUL 16 AM 8: 45

MICHAEL B. BROWN RECORDER

RELEASE OF RECORDED LIEN 2013 045259 DATED 2013 JUN 19

Hospital Reimbursement Services, Inc., agents for St. Margaret - Dyer, for and in consideration of payment and/or benefits totaling \$1,363.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Kyle Hennelly that now exists against all parties, including American Family Insurance and Progressive Insurance, as a result of **Kyle Hennelly**'s treatment, account number(s): 213051273, treatment date(s) 04/03/2013, arising out of an accident which occurred on or about 03/31/2013.

I have read the above Release and I hereunto set my hand and seal this Urday of St. Margaret - Dyer Neil J. Greene Hospital Reimbursement Services, Inc. 10 As Agent the Lake County Recor OFFICIAL SEAL DAWN M FIORITO Notary Public - State of Illinois STATE OF ILLINOIS My Commission Expires Dec 16, 2016)SS COUNTY OF LAKE On this 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.: 13-53959

AMOUNT \$ _____CHARGE ____CHECK # ____ 75 70 9

OVERAGE ____COPY ____NON-COM ____CLERK ____V C