

2013 051193

2013 JUL 16 AM 8:46

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2013 045258 DATED 2013 JUN 19

Hospital Reimbursement Services, Inc., agents for St. Margaret - Dyer, for and in consideration of payment and/or benefits totaling \$726.50, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of John Schuitema that now exists against all parties, including State Farm Insurance, as a result of **John Schuitema's** treatment, account number(s): 213085301, treatment date(s) 05/23/2013, arising out of an accident which occurred on or about 05/23/2013.

I have read the above Release and I hereunto set my hand and seal this 11th 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 11th 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.: 13-57716



Dawn M Fiorito

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK # 275709
OVERAGE _____
COPY _____
NON-COM _____
CLERK YC