

2013 053475

2013 JUL 23 AM 8:32

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2013 007375 DATED January 29, 2013

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$1,271.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Latoya Austin that now exists against all parties, including State Farm, as a result of **Latoya Austin's** treatment, account number: 212186179, treatment date: 10/19/2012, arising out of an accident which occurred on or about 10/19/2012.

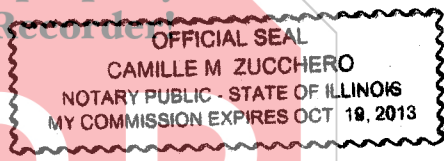
I have read the above Release and I hereunto set my hand and seal this 15th day of

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 15th 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.: 12-43597

12
CK#
275716
Ca
E