

2013 053477

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2013 JUL 23 AM 8:32

MICHAEL B. BROWN  
RECORDER

**RELEASE OF RECORDED LIEN 2012 032016 DATED May 15, 2012**

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$535.44, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Tammy V Lee that now exists against all parties, including Founders Insurance, as a result of **Tammy V Lee's** treatment, account number: 9212061445, treatment date: 04/14/2012, arising out of an accident which occurred on or about 04/14/2012.

I have read the above Release and I hereunto set my hand and seal this 15<sup>th</sup> 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 )

OFFICIAL SEAL  
CAMILLE M ZUCCHERO  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES OCT 19, 2013

On this 15<sup>th</sup> 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.: 12-32092

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