

2013 053481

2013 JUL 23 AM 8:33

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2012 040303 DATED 2012 JUN 19

Hospital Reimbursement Services, Inc., agents for St. Margaret - Dyer, for and in consideration of a prior payment and/or benefits totaling \$1,574.80 and payment and/or benefits totaling \$150.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Norma Deluna that now exists against all parties as a result of **Norma Deluna's** treatment, account number(s): 9212078188, treatment date(s) 05/13/2012, arising out of an accident which occurred on or about 05/13/2012.

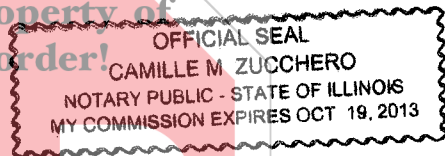
I have read the above Release and I hereunto set my hand and seal this 17th day of

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 17th 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.: 12-33082

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