

2013 089295

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2013 DEC -4 PM 12: 50

MICHAEL B. BROWN  
RECORDER

**RELEASE OF RECORDED LIEN 2013 018113 DATED 2013 MAR 12**

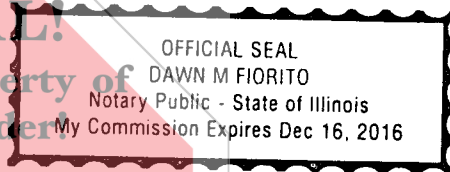
Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$12,127.04, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Leticia Anaya that now exists against all parties, as a result of **Leticia Anaya's** treatment, account number: 213000260, treatment dates: 01/02/2013 - 01/03/2013, arising out of an accident which occurred on or about 01/02/2013.

I have read the above Release and I hereunto set my hand and seal this 26<sup>th</sup> day of November, 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 26<sup>th</sup> day of November, 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.



Dawn M Fiorito

Lake County  
File No.: 13-49150

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