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2013 DEC -4 PM 12: 50

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2013 036457 DATED May 21, 2013

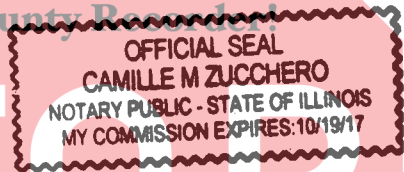
Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$1,027.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Andria Palmer as the Parent and/or Guardian of Diondre Black that now exists against all parties, including State Farm Insurance, as a result of **Diondre Black's** treatment, account number: 213011123, treatment date: 01/21/2013, arising out of an accident which occurred on or about 01/21/2013.

I have read the above Release and I hereunto set my hand and seal this 27th 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 27th 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.

Lake County
File No.: 13-50312



Camille M. Zucchero

#12
CK#
275852
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