

2013 089298

2013 DEC -4 PM 12: 50

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2013 016503 DATED March 5, 2013

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$574.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Jose A. Fernandez that now exists against all parties, including The Hartford Insurance, as a result of **Jose A. Fernandez's** treatment, account number: 212215570, treatment date: 12/09/2012, arising out of an accident which occurred on or about 12/09/2012.

I have read the above Release and I hereunto set my hand and seal this 27th day of November, 2013.

St. Margaret - Hammond

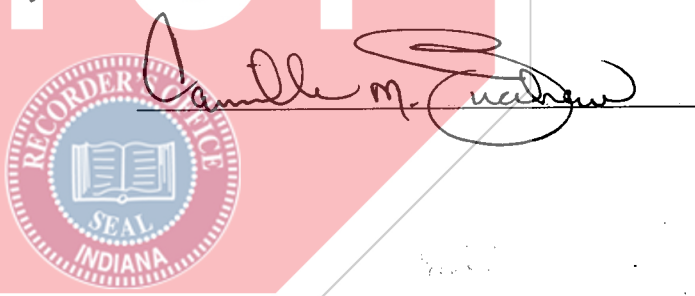
BY: Neil J. Greene
Neil J. Greene
Hospital Reimbursement Services, Inc.
As Agent

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.: 12-47355



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