

2013 090877

2013 DEC 12 AM 8:47

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2013 075189 DATED October 16, 2013

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$2,421.50, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Rhonda Young that now exists against all parties, including State Farm Insurance, as a result of **Rhonda Young's** treatment, account number: 213202224, treatment date: 09/25/2013, arising out of an accident which occurred on or about 09/25/2013.

I have read the above Release and I hereunto set my hand and seal this 2nd day of December, 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 2nd day of December, 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.: 13-64382



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