

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 091820

2013 DEC 17 AM 8:43

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2012 0913987 DATED December 27, 2012

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$308.44, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Tammie Richardson that now exists against all parties, as a result of **Tammie Richardson's** treatment, account number: 212203895, treatment date: 11/20/2012, arising out of an accident which occurred on or about 11/20/2012.

I have read the above Release and I hereunto set my hand and seal this 10th 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)

OFFICIAL SEAL
CAMILLE M ZUCCHERO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 10/19/17

On this 10th 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.: 12-46187



Camille M. Zuccherro

12-⁰⁰
275868
PB E