

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 000783

2014 JAN -8 PM 3:22

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2012 078782 DATED November 7, 2012

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$3,421.56, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Deja E Vogwill that now exists against all parties, as a result of **Deja E Vogwill's** treatment, account numbers: 212164269, 212181351, treatment dates: 09/11/2012, 10/11/2012, arising out of an accident which occurred on or about 09/11/2012.

I have read the above Release and I hereunto set my hand and seal this 3rd day of

January, 2014.

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 3rd day of January, 2014, 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.: 12-40793, 12-42858



Camille M. Zuccherro

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