

2014 005201

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 JAN 29 AM 9:24

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2012 013215 DATED February 23, 2012

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$833.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Hannelore March that now exists against all parties, including Allied Insurance, as a result of **Hannelore March's** treatment, account number: 9211212586, treatment date: 12/31/2011, arising out of an accident which occurred on or about 12/31/2011.

I have read the above Release and I hereunto set my hand and seal this 20nd 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 20nd 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.

Camille M. Zucchero

Lake County
File No.: 12-26980



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