2014 006840

2014 FEB -4 PM 1:55

MICHAEL B. BROWN RECORDER

RELEASE OF RECORDED LIEN 2012 030669 DATED May 8, 2012

Hospital Reimbursement Services, Inc., agents for St. Margaret - Dyer, for and in consideration of payment and/or benefits totaling \$940.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Tina M Paluch that now exists against all parties, including State Farm, as a result of **Tina M Paluch**'s treatment, account number: 9212036546, treatment date: 03/01/2012, arising out of an accident which occurred on or about 03/01/2012.

I have read the above Release and I hereunto set my hand and seal this 21 day of

St. Margarlet Dye

BY:

Neil J. Greene
Hospital Reimbursement Services, Inc.

As Agents Document is the

STATE OF ILLINOIS

SS

COUNTY OF LAKE

On this 27 day of a Contact State of LUNOIS NY COMMISSION EXPIRES 1019017

COUNTY OF LAKE

On this Release and acknowledge that he fully understands its contents and freely 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.: 12-29603

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