

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 006841

2014 FEB -4 PM 1:55

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2013 023312 DATED 2013 APR 2

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$982.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Nakia A. Dumas that now exists against all parties as a result of **Nakia A. Dumas**'s treatment, account number(s): 213002233, treatment date(s) 01/05/2013, arising out of an accident which occurred on or about 01/05/2013.

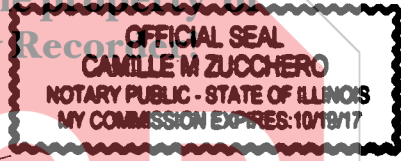
I have read the above Release and I hereunto set my hand and seal this 27th day of

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)



On this 27th 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.: 13-49313



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