2014 006843

2014 FEB -4 PM 1:55

MICHAEL B. BROWN RECORDER

RELEASE OF RECORDED LIEN 2013 066036 DATED 2013 SEP 10

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$718.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Tamiya Carpenter that now exists against all parties, including Progressive Insurance, as a result of **Tamiya Carpenter**'s treatment, account number(s): 213173049, treatment date(s) 08/26/2013, arising out of an accident which occurred on or about 08/26/2013.

I have read the above Release and I hereunto set my hand and seal this 28° day of St. Margaret - Hammond BY: Neil J. Greene Hospital Reimbursement Se As Agents Document CAMILLE M ZUCCHERO STATE OF ILLINOIS NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES: 10/19/17 COUNTY OF LAKE On this 28 day of 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.: 13-62876 # 12 CX# 918 215918