

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 006846

2014 FEB -4 PM 1:56

MICHAEL B. BROWN  
RECORDER

**RELEASE OF RECORDED LIEN 2012 014066 DATED February 28, 2012**

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$1,700.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Gideon Ray that now exists against all parties, as a result of **Gideon Ray's** treatment, account number: 9212007970, treatment date: 01/12/2012, arising out of an accident which occurred on or about 01/12/2012.

I have read the above Release and I hereunto set my hand and seal this 29<sup>th</sup> day of

January, 2014.

St. Margaret - Hammond

BY:

*Neil J. Greene*  
Neil J. Greene  
Hospital Reimbursement Services, Inc.  
As Agent

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OFFICIAL SEAL  
CAMILLE M ZUCCHERO  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES 10/19/17

STATE OF ILLINOIS )  
)SS  
COUNTY OF LAKE )

On this 29<sup>th</sup> 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.: 12-26993



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CK# 275918  
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