

2014 006847

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 FEB -4 PM 1:56

MICHAEL B. BROWN
RECORDER

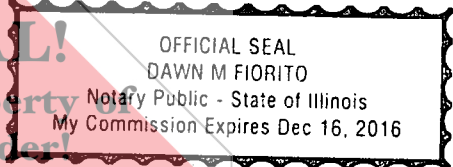
RELEASE OF RECORDED LIEN 2013 013068 DATED 2013 FEB 20

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$1,180.52, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Pamela Jarmusz that now exists against all parties, including American Access, as a result of **Pamela Jarmusz's** treatment, account number(s): 213002654, treatment date(s) 01/06/2013, arising out of an accident which occurred on or about 01/06/2013.

I have read the above Release and I hereunto set my hand and seal this 31st 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 31st 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.



Lake County
File No.: 13-50888

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