

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 006848

2014 FEB -4 PM 1:56

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2013 084261 DATED 2013 NOV 13

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$1,513.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Darlene Ellis that now exists against all parties as a result of **Darlene Ellis's** treatment, account number(s): 213192376, treatment date(s) 09/14/2013, arising out of an accident which occurred on or about 09/14/2013.

I have read the above Release and I hereunto set my hand and seal this 28th 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 28th 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.: 13-66171



Camille M. Zucchero

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CK#
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