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MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2013 032206 DATED May 7, 2013

Hospital Reimbursement Services, Inc., agents for St. Margaret - Dyer, for and in consideration of a previous payment and/or benefits totaling \$5,000.00 and an additional payment and/or benefits totaling \$7,973.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Sabrina Vass that now exists against all parties, as a result of **Sabrina Vass's** treatment, account number: 213047057, treatment date: 03/27/2013, arising out of an accident which occurred on or about 03/27/2013.

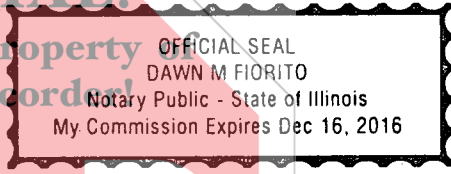
I have read the above Release and I hereunto set my hand and seal this 14th day of

February, 2014.

St. Margaret - Dyer

BY: Neil J. Greene
Neil J. Greene
Hospital Reimbursement Services, Inc.
As Agent

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STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

On this 14th day of February, 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.

Dawn M Fiorito
RECORDER'S OFFICE
SEAL
INDIANA

Lake County
File No.: 13-53650

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