STATE OF INDIA 1

2014 011036

2014 FEB 25 AM 9: 43

## MICHAEL B. BROWN RECORDER RELEASE OF RECORDED LIEN 2012 021365 DATED 2012 MAR 27

Hospital Reimbursement Services, Inc., agents for St. Margaret - Dyer, for and in consideration of payment and/or benefits totaling \$3,378.56, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Mirissa Krukowski that now exists against all parties, including Progressive Insurance, as a result of Mirissa Krukowski's treatment, account number(s): 9212021759, 212112847, treatment date(s) 2/06/2012, 6/19/2012, arising out of an accident which occurred on or about 2/06/2012.

I have read the above Release and I hereunto set my hand and seal this day of
February, 204.
St. Margaret - Dyer Document is
BY: When OFFICIAL!
Neil J. Greene Hospital Reimbursement Services, Inc. op a ty of
As Agent he Lake County Recorder!  OFFICIAL SEAL DAWN M FLORITO Notary Public - State of Illinois My Commission Expired Property
STATE OF TELEMOTS
COUNTY OF LAKE SS
On this day of day, def, 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.
Jan Do Louis
Lake County
File No.: 12-28235/12-46711
THO TYON, 12 2023 St 12 TO PIT