

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 011037

2014 FEB 25 AM 9:44

MICHAEL B. BROWN  
RECORDER

**RELEASE OF RECORDED LIEN 2013022083 DATED 03/26/2013**

Hospital Reimbursement Services, Inc., agents for St. Margaret-Hammond, for and in consideration of payment and/or benefits totaling \$1,900.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Martina Birrages that now exists against all parties as a result of **Martina Birrages's** treatment, account number(s): 213025247, treatment date(s) 02/14/2013, arising out of an accident which occurred on or about 02/14/2013.

I have read the above Release and I hereunto set my hand and seal this 19<sup>th</sup> day of February, 2014.

St. Margaret-Hammond

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

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OFFICIAL SEAL  
DAWN M FIORITO  
Notary Public - State of Illinois  
My Commission Expires Dec 16, 2016

STATE OF ILLINOIS )  
)SS  
COUNTY OF LAKE )

On this 19<sup>th</sup> 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.: 13-51378

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