

STATE OF ILLINOIS
LAKE COUNTY
FILED FOR RECORD

2014 017153

2014 MAR 25 AM 10: 20

MICHAEL J. DOWNS
RECORDER

RELEASE OF RECORDED LIEN 2012 071302 DATED October 11, 2012

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$460.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Carllethe Peterson that now exists against all parties, including Allstate, as a result of **Carllethe Peterson's** treatment, account number: 212152272, treatment date: 08/21/2012, arising out of an accident which occurred on or about 08/21/2012.

I have read the above Release and I hereunto set my hand and seal this 19th day of March, 2014.

St. Margaret - Hammond

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

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

OFFICIAL SEAL
CAMILLE M. ZUCCHERO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 10/19/17

On this 19th day of March, 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.: 12-39000



Camille M. Zucchero

AMOUNTS 12⁰⁰
FACH _____ CHARGE _____
TAX# 275974
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