

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 026721

2014 MAY 13 AM 9: 08

MICHAEL B. BROWN

RELEASE OF RECORDED LIEN 2012 040314 DATED 2012 04 09

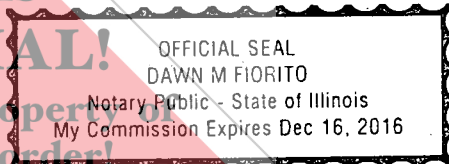
Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$1,670.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Erik D. Kowal that now exists against all parties, including State Farm, as a result of Erik D. Kowal's treatment, account number(s): 9212058738, treatment date(s) 04/09/2012, arising out of an accident which occurred on or about 04/09/2012.

I have read the above Release and I hereunto set my hand and seal this 7th day of

May, 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 7th day of May, 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.: 12-32074



Dawn M Fiorito

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