

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 026722

2014 MAY 13 AM 9:08

MICHAEL B. BROWN  
RECORDER

**RELEASE OF RECORDED LIEN 2013 075192 DATED 2013 OCT 16**

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$1,414.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Elizabeth Burchfield that now exists against all parties, including Custard Insurance Adjustors, as a result of **Elizabeth Burchfield**'s treatment, account number(s): 213134846, treatment date(s) 07/16/2013, arising out of an accident which occurred on or about 07/16/2013.

I have read the above Release and I hereunto set my hand and seal this 8<sup>th</sup> day of

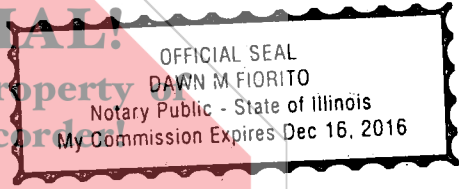
May, 2014.

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 8<sup>th</sup> 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.

*Dawn M. Fiorito*

Lake County  
File No.: 13-60781



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