

2014 026723

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 MAY 13 AM 9:09

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2014 001884 DATED 2014 JAN 14

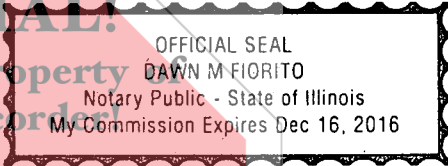
Hospital Reimbursement Services, Inc., agents for St. Margaret - Dyer, for and in consideration of payment and/or benefits totaling \$1,623.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Michelle E. Foster that now exists against all parties, including Progressive Insurance, as a result of **Michelle E. Foster's** treatment, account number(s): 213274392, treatment date(s) 12/07/2013, arising out of an accident which occurred on or about 12/04/2013.

I have read the above Release and I hereunto set my hand and seal this 8th day of May, 2014.

St. Margaret - Dyer

BY:

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



STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

On this 8th 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.: 13-68890



Dawn M. Fiorito

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