

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 029211

2014 MAY 22 AM 8:52

MICHAEL B. BROWN

RELEASE OF RECORDED LIEN 2014 019738 DATED April 8, 2014

Hospital Reimbursement Services, Inc., agents for St. Margaret - Dyer, for and in consideration of payment and/or benefits totaling \$1,149.05, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Michael Rowland that now exists against all parties, including American Family Insurance, as a result of **Michael Rowland's** treatment, account number: 214037096, treatment date: 02/13/2014, arising out of an accident which occurred on or about 02/13/2014.

I have read the above Release and I hereunto set my hand and seal this 13th 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 13th 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.: 14-73670



Camille M. Zucchero

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