

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 030378

2014 MAY 28 AM 8:53

MICHAEL B. BROWN
RECORDER

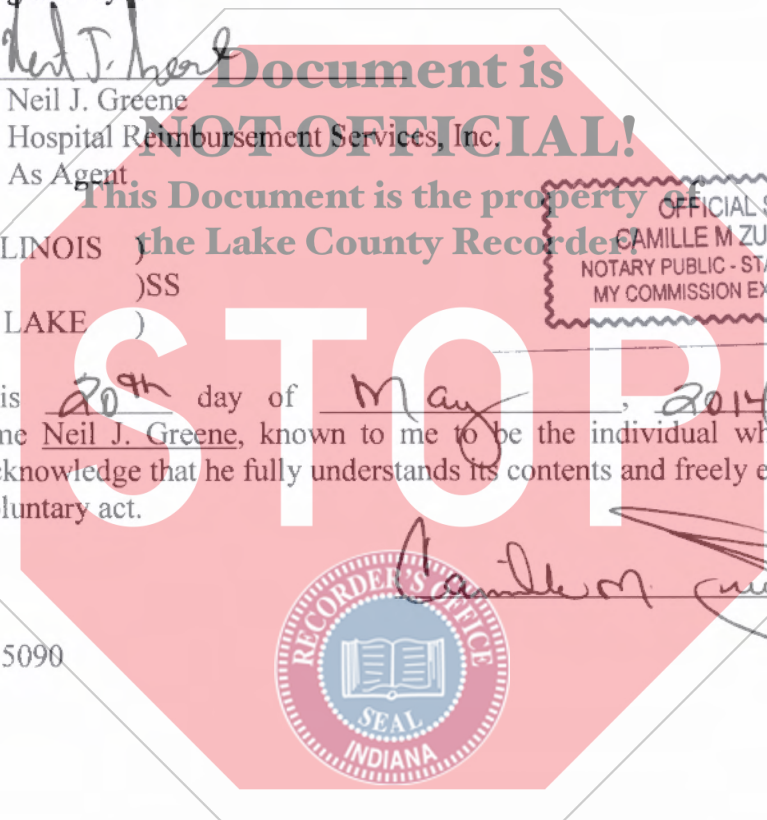
RELEASE OF RECORDED LIEN 2012 049670 DATED July 25, 2012

Hospital Reimbursement Services, Inc., agents for St. Margaret-Dyer, for and in consideration of payment and/or benefits totaling \$630.57, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Christopher L Stone that now exists against all parties, including State Farm, as a result of **Christopher L Stone's** treatment, account number: 212115330, treatment dates: 06/18/2012-06/19/2012, arising out of an accident which occurred on or about 06/18/2012.

I have read the above Release and I hereunto set my hand and seal this 20th 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 20th 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.

Camille M. Zucchero

Lake County
File No.: 12-35090



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