

2014 030380

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 MAY 28 AM 8:53

MICHAEL B. BROWN  
RECORDER

**RELEASE OF RECORDED LIEN 2013 005895 DATED January 23, 2013**

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$516.60, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Sharon Branson that now exists against all parties, as a result of **Sharon Branson's** treatment, account number: 212194964, treatment date: 11/03/2012, arising out of an accident which occurred on or about 11/03/2012.

I have read the above Release and I hereunto set my hand and seal this 21<sup>st</sup> day of

Mg, 2014.

St. Margaret - Hammond

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

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OFFICIAL SEAL  
CAMILLE M ZUCCHERO  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES: 10/19/17

STATE OF ILLINOIS )  
)SS  
COUNTY OF LAKE )

On this 21<sup>st</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.

Lake County  
File No.: 12-44661



Camille M. Zucchero

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