

2014 030381

2014 MAY 28 AM 8:53

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2014 009562 DATED February 19, 2014

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$1,958.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Wesley Potter that now exists against all parties, including Allstate Insurance, as a result of Wesley Potter's treatment, account numbers: 213260881, 21359074, treatment dates: 12/04/2013-12/31/2013, 11/22/2013-11/30/2012, arising out of an accident which occurred on or about 09/30/2013.

I have read the above Release and I hereunto set my hand and seal this 23rd day of

May, 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 23rd 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.: 14-71826, 14-71834



Camille M. Zuccherro

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