STATE OF INCIDENT LAKE COUNTY FILED FOR RECORL

2014 048857

2014 AUG 14 AM 8: 36

MICHAEL S. BROWN RECORDER RELEASE OF RECORDED LIEN 2014 030383 DATED May 28, 2014

Hospital Reimbursement Services, Inc., agents for St. Margaret - Dyer, for and in consideration of payment and/or benefits totaling \$2,003.25, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Kailee Turnbough that now exists against all parties, including Allstate Insurance and State Farm Insurance, as a result of Kailee Turnbough's treatment, account number: 214120076, treatment date: 05/01/2014, arising out of an accident which occurred on or about 05/01/2014.

I have read the above Release and I hereunto set my hand and seal this 5 day of
argust, 2014.
St. Margaret - Dyer
BY: Michelle Feldman, Vice President Client Services
Hospital Reimbursement Services, Inc.
As Agent Document is the property of OFFICIAL SEAL CANDLE MALCHERO
STATE OF ILLINOIS SSS STATE OF ILLINOIS SSS OFFICIAL SEAL CAMBLE M ZUCCHERO NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES: 10/19/17
COUNTY OF LAKE
On this day of, before me personally came Michelle Feldman, known to me to be the individual who executed this
Release and acknowledge that she fully understands its contents and freely executed same
as her free and voluntary act.
Lake County
File No.: 14-81223
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