

2014 051091

2014 AUG 26 AM 9:16

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2014 029219 DATED 2014 MAY 22

Hospital Reimbursement Services, Inc., agents for St. Magaret - Dyer, for and in consideration of payment and/or benefits totaling \$2,378.35, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Faye F. Abuzer that now exists against all parties, including Progressive Insurance, as a result of **Faye F. Abuzer's** treatment, account number(s): 214075772, treatment date(s) 03/15/2014 - 03/16/2014, arising out of an accident which occurred on or about 03/15/2014.

I have read the above Release and I hereunto set my hand and seal this 19th day of

August, 2014.

St. Magaret - Dyer

BY:

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

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)



On this 19th day of August, 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.: 14-75529



Camille M. Zucchero

#17
CK#
276152
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