STATE OF INCOME.

LAKE COUNT?
FILED FOR RECORD

2014 051093

2014 AUG 26 AM 9: 16

MICHAEL S. BROWN RECORDER

RELEASE OF RECORDED LIEN 2014 012284 DATED 2014 MAR 4

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$3,144.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Anthony Q. Carpenter that now exists against all parties, including State Farm Insurance, as a result of **Anthony Q. Carpenter**'s treatment, account number(s): 214026466, treatment date(s) 02/01/2014, arising out of an accident which occurred on or about 01/31/2014.

02/01/2014, arising out of an accident which occurred on or about 01/31/2014. I have read the above Release and I hereunto set my hand and seal this $\frac{19}{100}$ day of St. Margaret - Hammond Hospital Reimbursement Services, As Agents Document is the propert OFFICIAL SEAL CAMILLE M ZUCCHERO the Lake County Recorder STATE OF ILLINOIS NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:10/19/17 COUNTY OF LAKE On this day of 201H, 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.: 14-73668 # 12 CX 216152 CC E