

2014 051095

2014 AUG 26 AM 9:17

MICHAEL B. BROWN  
RECORDER

**RELEASE OF RECORDED LIEN 2012 065210 DATED 2012 SEP 18**

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of a prior payment and/or benefit totaling \$633.05 and payment and/or benefits totaling \$75.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Montale Brown that now exists against all parties as a result of **Montale Brown's** treatment, account number(s): 212144228, treatment date(s) 08/07/2012, arising out of an accident which occurred on or about 08/06/2012.

I have read the above Release and I hereunto set my hand and seal this 19<sup>th</sup> day of August, 2014.

St. Margaret - Hammond

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

Document is NOT OFFICIAL!  
This Document is the property of the Lake County Recorder!



STATE OF ILLINOIS )  
)SS  
COUNTY OF LAKE )

On this 19<sup>th</sup> 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.



Camille M. Zucchero

Lake County  
File No.: 12-37916

\$ 12

CKH  
276152  
CE