

2014 051096

STATE OF ILL.  
LAKE COUNTY  
FILED FOR RECORD

2014 AUG 26 AM 9:17

MICHAEL D. BROWN  
RECORDER

RELEASE OF RECORDED LIEN 2014 033563 DATED June 14, 2014

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$1,089.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Laura Avila-Ortiz as Parent and/or Guardian of Catalina Ortiz, that now exists against all parties, including Conifer Insurance, as a result of **Catalina Ortiz's** treatment, account number: 214094555, treatment date: 04/04/2014, arising out of an accident which occurred on or about 04/04/2014.

I have read the above Release and I hereunto set my hand and seal this 20<sup>th</sup> day of August, 2014.

St. Margaret - Hammond

BY:

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



STATE OF ILLINOIS )  
)SS  
COUNTY OF LAKE )

On this 20<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.

Lake County  
File No.: 14-76318



Camille M. Zucchero

\$ 12  
CK#  
276152  
C  
E