

2014 065542

2014 OCT 15 PM 1:02

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2014 008025 DATED 2014 FEB 11

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$1,284.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Nathaniel Isabell that now exists against all parties, including Progressive Insurance, as a result of **Nathaniel Isabell's** treatment, account number(s): 214019092, treatment date(s) 01/23/2014, arising out of an accident which occurred on or about 01/22/2014.

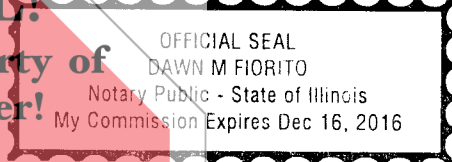
I have read the above Release and I hereunto set my hand and seal this 10th day of

October, 2014.

St. Margaret - Hammond

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

As Agent **This Document is the property of the Lake County Recorder!**



STATE OF ILLINOIS)
)SS
COUNTY OF LAKE

On this 10th day of October, 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.: 14-71745



Dawn M Fiorito

#12
CIR#
276215
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