

2014 079798

2014 DEC 16 AM 9:08

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2012 040312 DATED June 19, 2012

Hospital Reimbursement Services, Inc., agents for St. Margaret - Dyer, for and in consideration of payment and/or benefits totaling \$31,574.40, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Erica M Tolle that now exists against all parties, as a result of **Erica M Tolle's** treatment, for the patient account numbers listed below, arising out of an accident which occurred on or about 04/29/2012.

Our File No.	Patient ID	Admit Date	Discharge Date
12-34288	9212088990	5/15/2012	5/31/2012
12-34776	9212093430	6/1/2012	6/8/2012
13-54361	212204163	11/21/2012	11/21/2012
13-54367	212204152	11/27/2012	11/28/2012
13-69769	213145419	7/31/2013	7/31/2013
13-98679	212110929	6/19/2012	6/30/2012

I have read the above Release and I hereunto set my hand and seal this 4th day of

December, 2014

St. Margaret - Dyer

BY: Neil J. Greene

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

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)



On this 4th day of December, 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

Camille M Zucchero

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C# 276288
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