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2014 DEC 16 AM 9:11

MICHAEL B. BROWN  
RECORDER

**RELEASE OF RECORDED LIEN 2013 078363 DATED October 22, 2013**

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$2,358.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Pedro Villalobos that now exists against all parties, including State Farm Insurance, as a result of **Pedro Villalobos's** treatment, account numbers: 213183893, 213200987, treatment dates: 09/12/2013-09/30/2013, 10/02/2013-10/31/2013, arising out of an accident which occurred on or about 09/05/2013.

I have read the above Release and I hereunto set my hand and seal this 10<sup>th</sup> day of December, 2014.

St. Margaret - Hammond

BY:

*Neil J. Greene*

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

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OFFICIAL SEAL  
CAMILLE M ZUCCHERO  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES: 10/19/17

STATE OF ILLINOIS )

)SS

COUNTY OF LAKE )

On this 10<sup>th</sup> 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.

*Camille M. Zucchero*

Lake County  
File No.: 13-65261, 13-66974



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