

2014 079821

2014 DEC 16 AM 9:11

MICHAEL L. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2012 045256 DATED July 11, 2012

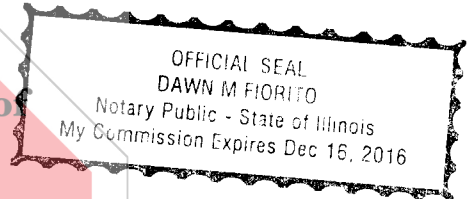
Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$1,713.60, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Michael Meakens that now exists against all parties, as a result of **Michael Meakens's** treatment, account number: 9212083921, treatment date: 05/24/2012, arising out of an accident which occurred on or about 05/24/2012.

I have read the above Release and I hereunto set my hand and seal this 12th day of December, 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 12th 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
File No.: 12-34219

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