

2015 019124

2015 APR -1 AM 9: 35

MICHAEL B. BROWN
RECORDER

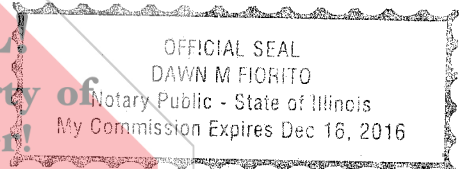
RELEASE OF RECORDED LIEN 2014 030387 DATED 2014 MAY 28

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$1,000.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Shaniese R. Fowler that now exists against all parties, including Liberty Mutual Insurance, as a result of **Shaniese R. Fowler's** treatment, account number(s): 214114898, treatment date(s) 4/27/2014, arising out of an accident which occurred on or about 4/26/2014.

I have read the above Release and I hereunto set my hand and seal this 26th day of March, 2015.

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 26th day of March, 2015, 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.: 14-80808



Dawn M Fiorito

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CK#
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