

2015 023636

2015 APR 21 AM 9:06

MICHAEL B. BROWN
RECORDER

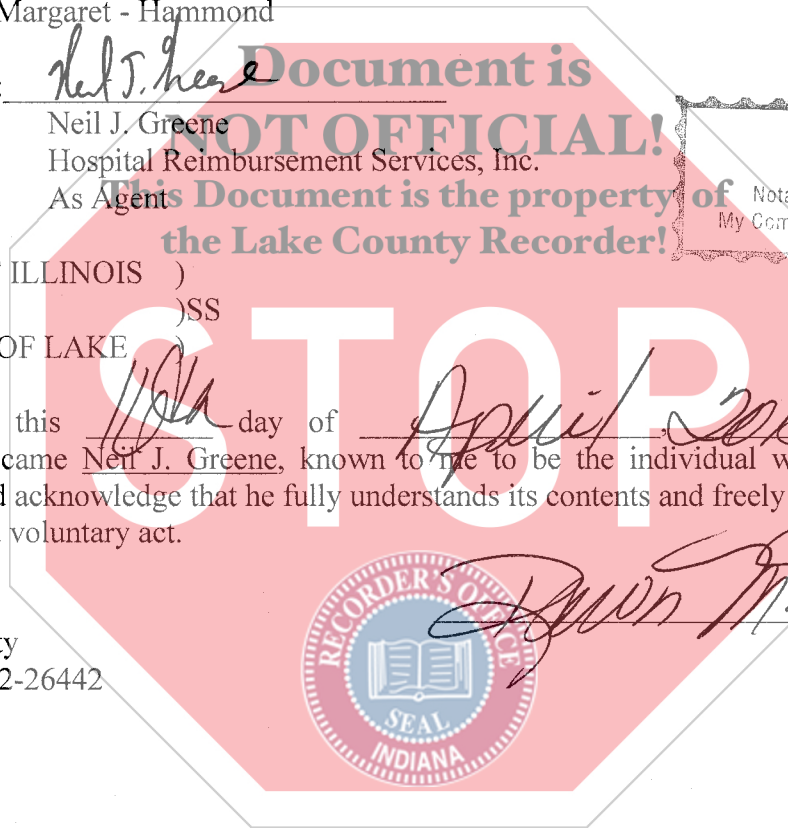
RELEASE OF RECORDED LIEN 2012 017779 DATED 2012 MAR 14

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$250.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Sinead Robinson that now exists against all parties, as a result of **Sinead Robinson**'s treatment, account number: 9211212452, treatment date: 12/31/2011, arising out of an accident which occurred on or about 12/31/2011.

I have read the above Release and I hereunto set my hand and seal this 16th day of April, 2016.

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 16th day of April, 2016 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.: 12-26442

Dawn M Fiorito

12

CK#
276443

C

E