

2015 023640

2015 APR 21 AM 9:04

MICHAEL B. BROWN  
RECORDER

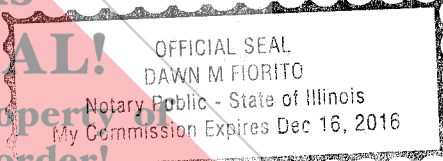
**RELEASE OF RECORDED LIEN 2015 005362 DATED January 28, 2015**

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$1,089.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Rebecca A Strickland that now exists against all parties, including AIG, as a result of **Rebecca A Strickland's** treatment, account number: 214304378, treatment date: 11/15/2014, arising out of an accident which occurred on or about 11/15/2014.

I have read the above Release and I hereunto set my hand and seal this 17<sup>th</sup> day of April, 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 17<sup>th</sup> day of April, 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.: 14-104767



Dawn M Fiorito

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CK#  
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