

2015 032107

STATE OF ILLINOIS
LAKE COUNTY
FILED FOR RECORD

2015 MAY 27 AM 9:02

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2014 030392 DATED 2014 MAY 28

Hospital Reimbursement Services, Inc., agents for St. Margaret - Dyer, for and in consideration of payment and/or benefits totaling \$610.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Rachel Demopoulos that now exists against all parties, including Perry Demopoulos and Farmers Insurance, as a result of **Rachel Demopoulos's** treatment, account number(s): 214131530, treatment date(s) 05/13/2014, arising out of an accident which occurred on or about 05/13/2014.

I have read the above Release and I hereunto set my hand and seal this 18th day of

Mg, 2015.

St. Margaret - Dyer

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

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OFFICIAL SEAL
DAWN M. FIORITO
Notary Public - State of Illinois
My Commission Expires Dec 16, 2016

STATE OF ILLINOIS)

)SS

COUNTY OF LAKE)

On this 18th day of May, 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.: 14-82248



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