

2015 032113

2015 MAY 27 AM 9:03

MICHAEL B. BROVIN
RECORDER

RELEASE OF RECORDED LIEN 2013 055142 DATED 2013 JUL 30

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of a prior payment and/or benefit totaling \$647.25 and payment and/or benefits totaling \$75.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Ennis Bynum that now exists against all parties, including State Farm Insurance, as a result of **Ennis Bynum's** treatment, account number(s): 213129938, treatment date(s) 7/10/2013, arising out of an accident which occurred on or about 7/10/2013.

I have read the above Release and I hereunto set my hand and seal this 22nd day of

May, 2015.

St. Margaret - Hammond

BY:

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

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

STATE OF ILLINOIS)

)SS

COUNTY OF LAKE)

On this 22nd 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.: 13-60444



Dawn M. Horton

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