

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 059412

2015 SEP -2 AM 8:33

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2013 011905 DATED 2013 FEB 13

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$1,500.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Kaylah Bell that now exists against all parties, including State Farm Insurance, as a result of **Kaylah Bell's** treatment, account number(s): 212222137, treatment date(s) 12/20/2012, arising out of an accident which occurred on or about 12/20/2012.

I have read the above Release and I hereunto set my hand and seal this 25th day of August, 2015.

St. Margaret - Hammond

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

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OFFICIAL SEAL
CAMILLE M. ZUCCHERO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 10/19/17

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

On this 25th day of August, 2015, before me personally came Neil J. Greene, As Agent for St. Margaret - Hammond, known to me to be the individual who executed this Release and acknowledge that he/she fully understands its contents and freely executed same as his/her free and voluntary act.

Lake County
File No.: 13-48939



Camille M. Zucchero

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