

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 059413

2015 SEP -2 AM 8:33

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2013 061554 DATED 2013 AUG 21

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$1,250.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Giovanni Enriquez that now exists against all parties, including State Farm Insurance, as a result of **Giovanni Enriquez's** treatment, account number(s): 213152779, treatment date(s) 08/02/2013, arising out of an accident which occurred on or about 08/02/2013.

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 fully understands its contents and freely executed same as his free and voluntary act.

Lake County
File No.: 13-61647



Camille M. Zuccherro

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