

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 059417

2015 SEP -2 AM 8: 33

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2012 035998 DATED 2012 MAY 30

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$1,100.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Joseph F. Golec that now exists against all parties, including Unique Insurance, as a result of **Joseph F. Golec's** treatment, account number(s): 9212055996, treatment date(s) 04/03/2012, arising out of an accident which occurred on or about 04/03/2012.

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
PAWN M FIORITO
Notary Public - State of Illinois
My Commission Expires Dec 16, 2016

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.: 12-31294



Michael B. Brown

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