

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 062948

2015 SEP 14 PM 2:50

MICHAEL B. BROWN
RECORDER

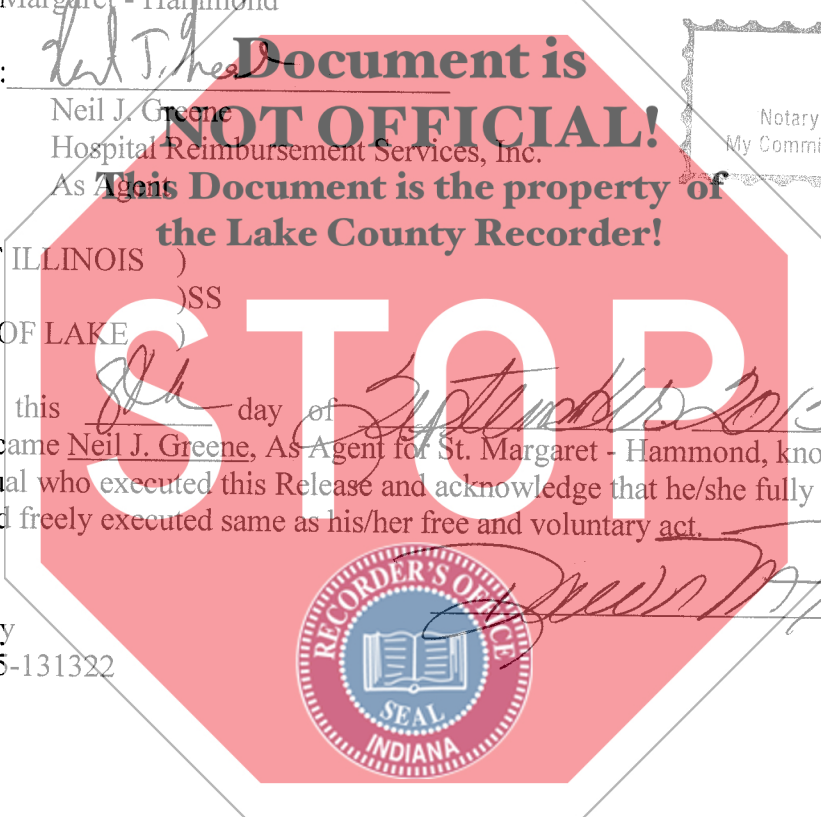
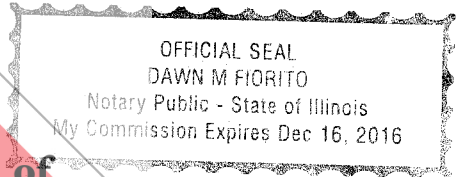
RELEASE OF RECORDED LIEN 2015 059411 DATED 2015 SEP 2

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$942.60, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Tamika N Mayo that now exists against all parties, including American Freedom Insurance, as a result of **Tamika N Mayo's** treatment, account number: 215207170, treatment date: 08/13/2015, arising out of an accident which occurred on or about 08/13/2015.

I have read the above Release and I hereunto set my hand and seal this 8th day of September, 2015.

St. Margaret - Hammond

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



STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

On this 8th day of September, 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.: 15-131322



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dc. 276588
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