

2015 065482

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2015 SEP 22 PM 3: 00

MICHAEL B. BROWN  
RECORDER

**RELEASE OF RECORDED LIEN 2013 078365 DATED 2013 OCT 22**

Hospital Reimbursement Services, Inc., agents for St. Margaret Hospital, for and in consideration of a prior payment and/or benefits totaling \$2,094.25 and an additional payment and/or benefits totaling \$980.05, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Kathryn J Pope that now exists against all parties, including Indiana Farm Bureau, as a result of **Kathryn J Pope**'s treatment, for the patient account numbers listed below, arising out of an accident which occurred on or about 06/07/2013.

Our File No.	Patient ID	Service Dates
13-64486	213137026	7/24/2013-7/29/2013
13-65153	213142884	8/2/2013-8/31/2013
13-65155	213123670	7/10/2013-7/31/2013
13-65159	213146939	8/7/2013-8/31/2013
13-65161	213100127	6/8/2013
13-69076	213218591	10/21/2013-10/31/2013

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I have read the above Release and I hereunto set my hand and seal this 16<sup>th</sup> day of September, 2015

St. Margaret Hospital

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



STATE OF ILLINOIS )  
                                  )SS  
COUNTY OF LAKE )

On this 16<sup>th</sup> day of September, 2015, before me personally came Neil J. Greene, As Agent for St. Margaret Hospital, 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



12. -  
Clk. 276594  
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