

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 066943

2015 SEP 29 AM 9:27

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2015 047023 DATED 2015 JUL 29

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$808.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Antonio Mota that now exists against all parties, including Progressive Insurance, as a result of **Antonio Mota's** treatment, account number: 215169980, treatment date: 07/03/2015, arising out of an accident which occurred on or about 07/02/2015.

I have read the above Release and I hereunto set my hand and seal this 21st day of September, 2015.

St. Margaret - Hammond

BY: Neil J. Greene

Neil J. Greene
Hospital Reimbursement Services, Inc.

As Agent

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

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 21st 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.: 15-126069



Camille M. Zucchero

12-
ck. 276603
DM