

2015 066948

2015 SEP 29 AM 9:28

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2012 052584 DATED 2012 AUG 7

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$1,088.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Moneer Haddad that now exists against all parties, including American Access, as a result of **Moneer Haddad's** treatment, account number(s): 212136504, treatment date(s) 07/24/2012, arising out of an accident which occurred on or about 07/19/2012.

I have read the above Release and I hereunto set my hand and seal this 22nd day of September, 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 22nd 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.: 12-36931



Camille M. Zuccherro

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ck-276603
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