

2015 066950

2015 SEP 29 AM 9:28

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2014 030390 DATED 2014 MAY 28

Hospital Reimbursement Services, Inc., agents for St. Margaret - Dyer, for and in consideration of payment and/or benefits totaling \$610.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Perry Demopoulos that now exists against all parties, including Farmers Insurance, as a result of **Perry Demopoulos's** treatment, account number(s): 214131526, treatment date(s) 5/13/2014, arising out of an accident which occurred on or about 05/13/2014.

I have read the above Release and I hereunto set my hand and seal this 22nd day of September, 2015.

St. Margaret - Dyer

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 - Dyer, known to me to be the individual who executed this Release and acknowledge that he fully understands its contents and freely executed same as his free and voluntary act.

Lake County
File No.: 14-82235



Camille M Zucchero

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