

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 068410

2015 OCT -6 AM 10:14

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2014 052929 DATED 2014 SEP 3

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of a prior payment and/or benefit totaling \$5,000.00 and payment and/or benefits totaling \$1,350.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Billie J. Conley that now exists against all parties, including Allstate Insurance, as a result of **Billie J. Conley's** treatment, account number(s): 214196679, treatment date(s) 07/23/2014, arising out of an accident which occurred on or about 07/23/2014.

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

I have read the above Release and I hereunto set my hand and seal this 30th 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 30th 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.

Camille M. Zuccherro

Lake County
File No.: 14-96659

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ck. 276609
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