

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 069760

2015 OCT 14 AM 9:46

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2013 073582 DATED 2013 OCT 8

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$3,372.77, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Debra Faron that now exists against all parties, including American Leader Insurance, as a result of **Debra Faron's** treatment, account number(s): 213191969, treatment date(s) 09/13/2013, arising out of an accident which occurred on or about 09/13/2013.

I have read the above Release and hereunto set my hand and seal this 8th day of

October

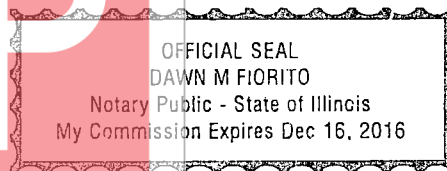
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St. Margaret - Hammond

BY:

Neil J. Greene

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



STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

On this 8th day of October, 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 fully understands its contents and freely executed same as his free and voluntary act.



Dawn M Fiorito

Lake County
File No.: 13-63830

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