

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 069763

2015 OCT 14 AM 9:46

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2013 033719 DATED 2013 MAY 14

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$1,678.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Janelle Heard that now exists against all parties, including Sentry Insurance, as a result of **Janelle Heard's** treatment, account number(s): 213038971, treatment date(s) 03/12/2013, arising out of an accident which occurred on or about 03/12/2013.

I have read the above Release and hereunto set my hand and seal this 9th day of

October ~~2015~~ **This Document is the property of the Lake County Recorder!**

St. Margaret - Hammond

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

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

OFFICIAL SEAL
CAMILLE M ZUCCHERO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 10/19/17



On this 9th 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.

Camille M. Zuccherro

Lake County
File No.: 13-52884

12
CK#
276615
E G