STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 072513

2015 OCT 27 AM 9:25

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2011 035143 DATED 2011 JUN 29

Hospital Reimbursement Services, Inc., agents for Franciscan St. Margaret Health - Dyer, for and in consideration of payment and/or benefits totaling $721.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Donte Vaughn that now exists against all parties, as a result of **Donte Vaughn**'s treatment, account number: 0211048038, treatment date: 03/18/2011, arising out of an accident which occurred on or about 03/17/2011.

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STOP

I have read the above Release and I hereunto set my hand and seal this 20th day of October, 2015.

Franciscan St. Margaret Health - Dyer

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

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

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

On this 20th day of October, 2015, before me personally came Neil J. Greene, 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.: 15-109537

$12.00
M.E
#276627