

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 081929

2015 DEC -9 AM 8:37

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2015 041685 DATED 2015 JUL 8

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$901.45, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Mia J. Griffin that now exists against all parties, including MetLife Auto & Home, as a result of Mia J. Griffin's treatment, account number(s): 215125748, treatment date(s) 05/19/2015, arising out of an accident which occurred on or about 05/19/2015.

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

November

St. Margaret - Hammond

BY:

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

OFFICIAL SEAL
DAWN M FIORITO
Notary Public - State of Illinois
My Commission Expires Dec 16, 2016

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

On this 30th day of November, 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 acknowledged that he/she fully understands its contents and freely executed same as his/her free and voluntary act.



Dawn Fiorito

Lake County
File No.: 15-120712

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK # 276669
OVERAGE _____
COPY _____
NON - COM _____
CLERK AM

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