

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 081932

2015 DEC -9 AM 8:38

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2015 066937 DATED 2015 SEP 29

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$1,155.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Danielle Kabosky that now exists against all parties, including First Chicago Insurance, as a result of **Danielle Kabosky's** treatment, account number: 215240346, treatment date: 09/12/2015, arising out of an accident which occurred on or about 09/12/2015.

I have read the above Release and I hereunto set my hand and seal this 2nd day of

December

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the Lake County Recorder!**

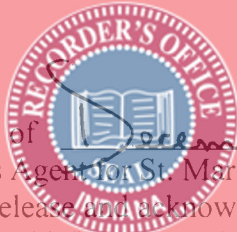
St. Margaret - Hammond

BY:

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

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

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)



On this 2nd day of December, 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. Zucchero

Lake County
File No.: 15-133894

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