STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 088066

2015 DEC 30 AM 10: 09

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2012 045254 DATED July 11, 2012

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of a prior payment and/or benefits totaling $1,030.76 and an additional payment and/or benefits totaling $100.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Denise Turner that now exists against all parties, including State Farm, as a result of **Denise Turner**'s treatment, account number: 212110057, treatment date: 06/09/2012, arising out of an accident which occurred on or about 06/09/2012.

I have read the above Release and I hereunto set my hand and seal this 23 day of December, 2015.

St. Margaret - Hammond

BY: Michelle Feldman

Michelle Feldman – Vice President of Client Services
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 23rd day of December, 2015, before me personally came Michelle Feldman, Vice President of Client Services, 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.: 12-34685

AMOUNT $ 12-
CASH _____ CHARGE _____
CHECK # 276687
OVERAGE _____
COPY _____
NON-COM _____
CLERK AR