

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 013688

2016 MAR -7 AM 9:10

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2013 009306 DATED 2013 FEB 5

Hospital Reimbursement Services, Inc., agents for St. Margaret- Hammond, for and in consideration of payment and/or benefits totaling \$354.37, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Darnell Willis that now exists against all parties, as a result of **Darnell Willis's** treatment, account number: 212219219, treatment date: 12/15/2012, arising out of an accident which occurred on or about 12/15/2012.

I have read the above Release and hereunto set my hand and seal this 25th day of

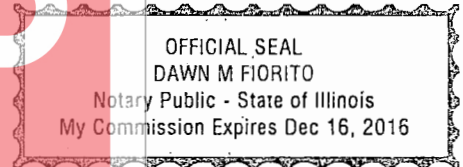
February

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St. Margaret- Hammond

BY:

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



STATE OF ILLINOIS)

)SS

COUNTY OF LAKE)

On this 25th day of February, 2016, 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.



Dawn M Fiorito

Lake County
File No.: 12-47675

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