

2016 038100

2016 JUN 21 AM 8:47

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2015 040784 DATED 2015 JUL 2

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$6,244.60, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Robert Sanchez that now exists against all parties, including Allstate Insurance, as a result of **Robert Sanchez's** treatment, account number: 215141320, treatment date: 06/04/2015, arising out of an accident which occurred on or about 06/04/2015.

I have read the above Release and I hereunto set my hand and seal this 13th day of

June

**This document is the property of
the Lake County Recorder!**

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 13th day of June, 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.

Camille M. Zucchero

Lake County
File No.: 15-121726

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