

2016 038105

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2016 JUN 21 AM 8:47

MICHAEL B. BROWN  
RECORDER

**RELEASE OF RECORDED LIEN 2014029220 DATED 2014 MAY 22**

Hospital Reimbursement Services, Inc., agents for St. Margaret - Dyer, for and in consideration of payment and/or benefits totaling \$3,771.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Robert Popovich that now exists against all parties, including State Farm Insurance, as a result of **Robert Popovich's** treatment, account number: 214106781, treatment date: 04/23/2014, arising out of an accident which occurred on or about 07/20/2013.

I have read the above Release and hereunto set my hand and seal this 14<sup>th</sup> day of

June

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St. Margaret - Dyer

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 14<sup>th</sup> day of June, 2016, before me personally came Neil J. Greene, As Agent for St. Margaret - Dyer, 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. Zuccherro*

Lake County  
File No.: 14-81401

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