

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 038108

2016 JUN 21 AM 8:47

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2015 057468 DATED 2015 AUG 24

Hospital Reimbursement Services, Inc., agents for St. Margaret - Dyer, for and in consideration of payment and/or benefits totaling \$1,543.60, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Debra J Reeves that now exists against all parties, including American Family Insurance, as a result of **Debra J Reeves's** treatment, account number: 215196003, treatment date: 08/01/2015, arising out of an accident which occurred on or about 08/01/2015.

I have read the above Release and I hereunto set my hand and seal this 15th day of

June

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St. Margaret - Dyer

BY:

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



STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)



On this 15th 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. Zucchero

Lake County
File No.: 15-130214

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