

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2016 038109

2016 JUN 21 AM 8:47

MICHAEL B. BROWN  
RECORDER

RELEASE OF RECORDED LIEN 2015 083290 DATED 2015 DEC 15

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of prior payments and/or benefits totaling \$708.00 and an additional payment and/or benefit totaling \$100.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Aleksander M Sopiartz that now exists against all parties, including American Family Insurance, as a result of Aleksander M Sopiartz's treatment, account number: 215285596, treatment date: 10/21/2015, arising out of an accident which occurred on or about 10/21/2015.

I have read the above Release and I herunto set my hand and seal this 17<sup>th</sup> day of June, 2016.  
**Document is NOT OFFICIAL! 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

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 17<sup>th</sup> 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. Zuccherro*

Lake County  
File No.: 15-142110

12.  
ck. 276857