

2016 048793

2016 AUG -2 AM 9:11

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2016 045121 DATED 2016 JUL 20

Hospital Reimbursement Services, Inc., agents for St. Margaret - Dyer, for and in consideration of payment and/or benefits totaling \$3,893.25, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Cara Witecki that now exists against all parties, including State Farm, as a result of **Cara Witecki's** treatment, account number: 216204579, treatment date: 06/20/2016, arising out of an accident which occurred on or about 06/20/2016.

I have read the above Release and hereunto set my hand and seal this 26th day of

July

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

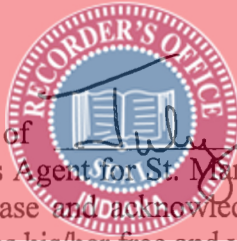
St. Margaret - Dyer

BY:

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



STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)



On this 26th day of July, 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.: 16-163279

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