

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2016 048795

2016 AUG -2 AM 9:11

MICHAEL B. BROWN  
RECORDER

**RELEASE OF RECORDED LIEN 2016 025059 DATED 2016 APR 26**

Hospital Reimbursement Services, Inc., agents for St. Margaret - Dyer, for and in consideration of payment and/or benefits totaling \$3,914.05, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Alexis Searcy that now exists against all parties, including State Farm, as a result of **Alexis Searcy's** treatment, account number: 216067567, treatment date: 02/27/2016, arising out of an accident which occurred on or about 02/26/2016.

I have read the above Release and hereunto set my hand and seal this 27<sup>th</sup> day of July, 2016.  
**Document is NOT OFFICIAL!**  
**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

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 27<sup>th</sup> 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 Zuccherro

Lake County  
File No.: 16-152708

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