

2016 054346

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 AUG 10 AM 8:43

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2015 050471 DATED 2015 AUG 4

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$9,211.75, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Wayne Hopson that now exists against all parties, including Founders Insurance, as a result of **Wayne Hopson's** treatment, account number(s): 215177062, treatment date(s) 07/12/2015, arising out of an accident which occurred on or about 07/12/2015.

I have read the above Release and I hereunto set my hand and seal this 2nd day of

August

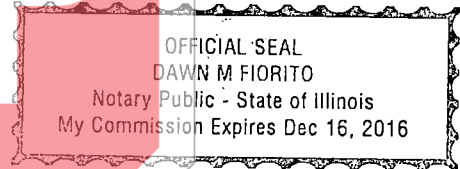
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the Lake County Recorder!**

St. Margaret - Hammond

BY:

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

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)



On this 2nd day of August, 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.

Dawn M. Fiorito

Lake County
File No.: 15-128476

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