

2016 057465

2016 AUG 24 AM 9:37

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2013 023320 DATED 2013 APR 2

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$1,059.95, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Cynthia Herrera that now exists against all parties, including Geico Insurance, as a result of **Cynthia Herrera's** treatment, account number(s): 213018196, treatment date(s) 02/02/2013 - 02/03/2013, arising out of an accident which occurred on or about 02/02/2013.

I have read the above Release and I hereunto set my hand and seal this 17th day of

August, 2016.

St. Margaret - Hammond

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

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OFFICIAL SEAL
DAWN M FLORITO
Notary Public - State of Illinois
My Commission Expires Dec 16, 2016

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

On this 17th 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.

Lake County
File No.: 13-50883



ck. 12-276913