

STATE OF ILLINOIS  
LAKE COUNTY  
FILED FOR RECORD

2016 057466

2016 AUG 24 AM 9:38

MICHAEL B. BROWN  
RECORDER

**RELEASE OF RECORDED LIEN 2016 019612 DATED 2016 MAR 30**

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$1,359.55, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Michael W. Brothers that now exists against all parties, including Secura Insurance, as a result of **Michael W. Brothers**'s treatment, account number(s): 216064399, treatment date(s) 02/24/2016, arising out of an accident which occurred on or about 02/24/2016.

I have read the above Release and I hereunto set my hand and seal this 17<sup>th</sup> 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  
DAVID A. NORRIS  
Notary Public - State of Illinois  
Commission Expires Dec 16, 2016

STATE OF ILLINOIS )  
)SS  
COUNTY OF LAKE )

On this 17<sup>th</sup> 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.: 16-152517



*Michael B. Brown*

ck. 12. - E  
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