

FILED FOR RECORD

2016 057467

2016 AUG 24 AM 9:38

MICHAEL B. BROWN  
RECORDER

**RELEASE OF RECORDED LIEN 2013 070793 DATED 2013 SEP 25**

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$1,083.25, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Azael Torres that now exists against all parties, including Apollo Casualty, as a result of **Azael Torres**'s treatment, account number: 213122376, treatment date: 07/01/2013, arising out of an accident which occurred on or about 07/01/2013.

I have read the above Release and I hereunto set my hand and seal this 19<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  
MICHAEL M. ZUCCHERO  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES: 10/18/17

STATE OF ILLINOIS )  
)SS  
COUNTY OF LAKE )

On this 19<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.: 13-59851



Michael M. Zuccherro

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ck. 276913