

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2016 059289

2016 AUG 31 AM 8:48

MICHAEL B. BROWN  
RECORDER

**RELEASE OF RECORDED LIEN 2015 057466 DATED 2015 AUG 24**

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$900.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Charles Thomas that now exists against all parties, including Liberty Mutual Insurance, as a result of **Charles Thomas's** treatment, account number: 215165048, treatment date: 06/29/2015, arising out of an accident which occurred on or about 06/29/2015.

I have read the above Release and I hereunto set my hand and seal this 25<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  
DAWN M FIORITO  
Notary Public - State of Illinois  
My Commission Expires Dec 16, 2016

STATE OF ILLINOIS )  
)SS  
COUNTY OF LAKE

On this 25<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.: 15-125767



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CK# 276918  
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