

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 059294

2016 AUG 31 AM 8:49

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2012 056185 DATED 2012 AUG 21

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$3,635.08, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Lori M Stoots that now exists against all parties, including American Family Insurance, as a result of **Lori M Stoots's** treatment, account number: 212127553, treatment date: 07/09/2012, arising out of an accident which occurred on or about 07/09/2012.

I have read the above Release and I hereunto set my hand and seal this 24th 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
CAMILLE M ZUCCHERO
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 10/19/17

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

On this 24th 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.: 12-36229



Camille M. Zuccherro

OK# 276918
\$12
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