

2017 009623

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 FEB 14 AM 9:15

MICHAEL B. BROWN  
RECORDER

**RELEASE OF RECORDED LIEN 2016 013632 DATED 2016 MAR 7**

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$2,034.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Khaliq J. Jones that now exists against all parties as a result of **Khaliq J. Jones's** treatment, account number(s): 216013803, treatment date(s) 01/13/2016, arising out of an accident which occurred on or about 12/28/2015.

I have read the above Release and hereunto set my hand and seal this 9<sup>th</sup> day of

February

**Document is NOT OFFICIAL!**  
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St. Margaret - Hammond

BY:

*Neil J. Greene*  
Neil J. Greene  
Hospital Reimbursement Services, Inc.  
As Agent

DAWN M FIORITO  
Official Seal  
Notary Public - State of Illinois  
My Commission Expires Dec 16, 2020

STATE OF ILLINOIS )  
)SS  
COUNTY OF LAKE )



On this 9<sup>th</sup> day of February 2017, before me personally came Neil J. Greene, known to me to be the individual who executed this Release and acknowledge that he fully understands its contents and freely executed same as his free and voluntary act.

Lake County  
File No.: 16-150434

*Dawn Fiorito*  
12.  
ck. 277065