

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 009625

2017 FEB 14 AM 9:15

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2016 029512 DATED 2016 MAY 16

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$1,700.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Valente Costilla-Dominguez that now exists against all parties, as a result of **Valente Costilla-Dominguez's** treatment, account number: 216110110 treatment date: 04/01/2016, arising out of an accident which occurred on or about 03/24/2016.

I have read the above Release and hereunto set my hand and seal this 10th day of

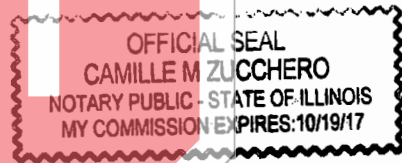
February

**This Document is the property of
the Lake County Recorder!**

St. Margaret - Hammond

BY:

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



STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)



On this 10th day of February, 2017, 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.

Camille M. Zuccherro

Lake County
File No.: 16-155858

ck. 12.1.16
277065
D