

2017 010923

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 FEB 22 AM 9:05

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2016 029510 DATED 2016 MAY 16

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$1,675.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Alberto Lopez-Rivera that now exists against all parties, as a result of **Alberto Lopez-Rivera's** treatment, account number: 216110130 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 17th 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 17th 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. Zucchero

Lake County
File No.: 16-155860

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