

2017 011995

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 FEB 28 AM 9:07

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2012 067302 DATED 2012 SEP 25

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$1,536.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Howard Simmons that now exists against all parties, including State Farm, as a result of **Howard Simmons's** treatment, account number: 212146514, treatment date: 08/10/2012, arising out of an accident which occurred on or about 08/10/2012.

I have read the above Release and Hereunto set my hand and seal this 20 day of

February

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

St. Margaret - Hammond

BY: Michelle Feldman

Michelle Feldman - Vice President Client Services
Hospital Reimbursement Services, Inc.
As Agent

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

OFFICIAL SEAL
CAMILLE M ZUCCHERO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 10/19/17

On this 20th day of February, 2017, before me personally came Michelle Feldman, As Agent for St. Margaret - Hammond, known to me to be the individual who executed this Release and acknowledge that she fully understands its contents and freely executed same as her free and voluntary act.

Camille M. Zuccherro

Lake County
File No.: 12-37997

M-E
\$12.00
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