

2017 019944

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

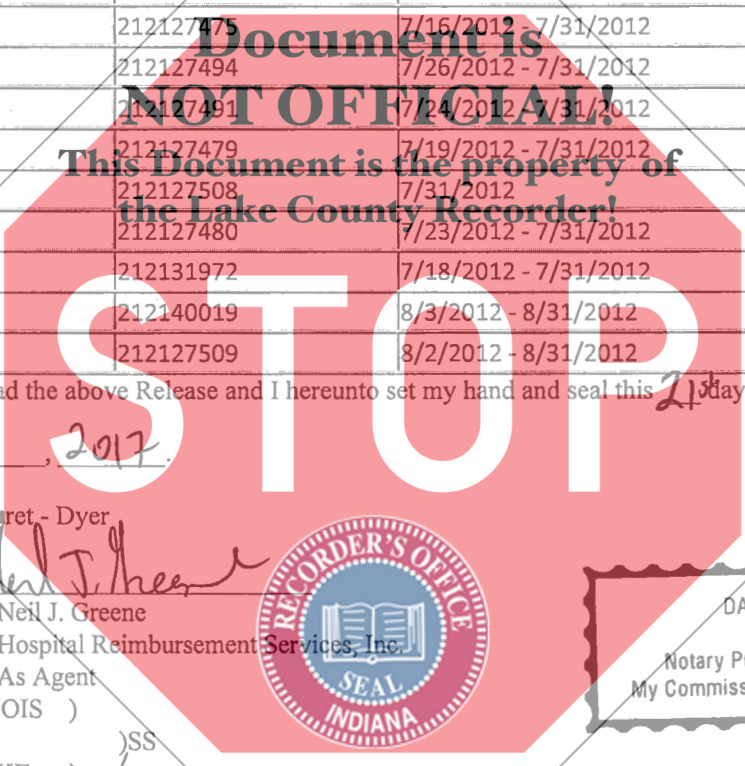
2017 MAR 29 AM 9:21

MICHAEL B. BROWN  
RECORDER

**RELEASE OF RECORDED LIEN 2012 060208 DATED 06/05/12**

Hospital Reimbursement Services, Inc., agents for St. Margaret - Dyer, for and in consideration of a prior payment and/or benefit totaling \$\$820.24 and payment and/or benefits totaling \$1,091.70, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Hector Alvarado that now exists against all parties, including KAI, as a result of the following treatment rendered to Hector Alvarado arising out of an accident which occurred on or about 02/23/2012:

OUR FILE NUMBER	ACCOUNT NUMBER	DATES OF SERVICE
12-37601	212126364	7/10/2012 - 7/31/2012
12-38297	212127475	7/16/2012 - 7/31/2012
12-38298	212127494	7/26/2012 - 7/31/2012
12-38301	212127491	7/24/2012 - 7/31/2012
12-38304	212127479	7/19/2012 - 7/31/2012
12-38305	212127508	7/31/2012
12-38308	212127480	7/23/2012 - 7/31/2012
12-38309	212131972	7/18/2012 - 7/31/2012
12-39807	212140019	8/3/2012 - 8/31/2012
12-42678	212127509	8/2/2012 - 8/31/2012



I have read the above Release and I hereunto set my hand and seal this 21 day of March, 2017.

St. Margaret - Dyer  
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 )

COUNTY OF LAKE )SS

On this 21st day of March, 2017, before me personally came Neil J. Greene, As Agent for St. Margaret - Dyer, 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

Dawn Fiorito

\$ 12.00  
#27716