

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 041189

2017 JUL -5 AM 8:41

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2014025834 DATED 05/08/14

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$17,684.50, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Audiel Ayala that now exists against all parties, including State Farm Insurance, as a result of **Audiel Ayala's** treatment, account number(s): 214103628 treatment date(s) 04/15/2014, arising out of an accident which occurred on or about 04/15/2014.

I have read the above Release and hereunto set my hand and seal this 30th day of

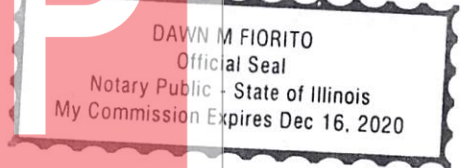
June

**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 30th day of June, 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.



Dawn M Fiorito

Lake County
File No.: 14-79813

\$25,00

#277211

AS