

2017 044904

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 JUL 20 AM 8:52

MICHAEL B. BROWN  
RECORDER

**RELEASE OF RECORDED LIEN 2013 086281 DATED 11/19/13**

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$4,023.25, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Javier Rodriguez that now exists against all parties, including Geico Insurance, as a result of **Javier Rodriguez's** treatment, account number(s): 213239439 treatment date(s) 11/01/2013, arising out of an accident which occurred on or about 10/31/2013.

I have read the above Release and Hereunto set my hand and seal this 10<sup>th</sup> day of July, 2017.  
**Document is NOT OFFICIAL!**  
**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

DAWN M FIORITO  
Official Seal  
Notary Public - State of Illinois  
My Commission Expires Dec 16, 2020

STATE OF ILLINOIS )  
)SS  
COUNTY OF LAKE )

On this 10<sup>th</sup> day of July, 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.: 13-66862

25. - E  
ck. 277224  
D