

2017 044905

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 JUL 20 AM 8:52

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2013 055145 DATED 07/30/13

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$4,769.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Lanishia N Daniels that now exists against all parties, including State Farm Insurance, as a result of **Lanishia N Daniels's** treatment, account number(s): 213127853 treatment date(s) 07/09/2013, arising out of an accident which occurred on or about 07/09/2013.

I have read the above Release and hereunto set my hand and seal this 10th day of

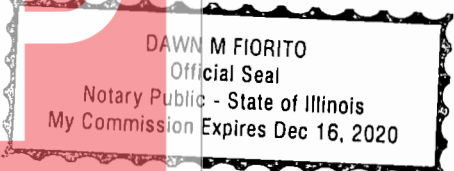
July

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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 10th 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.: 13-60443

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