

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 044907

2017 JUL 20 AM 8:52

MICHAEL B. BROWN  
RECORDER

**RELEASE OF RECORDED LIEN 2015057469 DATED 08/24/15**

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$850.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Felipe Torres that now exists against all parties as a result of **Felipe Torres's** treatment, account number(s): 215165717 treatment date(s) 06/29/2015, arising out of an accident which occurred on or about 06/29/2015.

I have read the above Release and hereunto set my hand and seal this 13 day of July, 2017.  
**Document is NOT OFFICIAL!**  
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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 13<sup>th</sup> day of July, 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 he/she fully understands its contents and freely executed same as his/her free and voluntary act.

Camille M Zuccherro

Lake County  
File No.: 15-125889

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