

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 046849

2017 JUL 28 AM 9:42

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2013 084257 DATED 11/13/13

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$1,035.50, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Irene Martinez that now exists against all parties, including American Access Casualty, as a result of **Irene Martinez's** treatment, account number(s): 213216199 treatment date(s) 10/08/2013, arising out of an accident which occurred on or about 10/08/2013.

I have read the above Release and I hereunto set my hand and seal this 18th day of

July
2017

**This Document is the property of
the Lake County Recorder!**

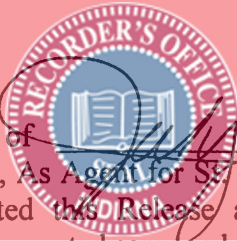
St. Margaret - Hammond

BY:

Camille Zucchero
Camille Zucchero, Client Manager
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 18th day of July, 2017, before me personally came Camille Zucchero, 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 Fiorito

Lake County
File No.: 13-65413

AMOUNT \$ 25.00
CASH _____ CHARGE _____
CHECK# 277233
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY DMS

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