

2017 046851

2017 JUL 28 AM 9:43

MICHAEL B. BROFF  
RECORDER

**RELEASE OF RECORDED LIEN 2013 020429 DATED 03/19/13**

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$1,041.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Jackie Crawford that now exists against all parties, including Affirmative Insurance, as a result of Jackie Crawford's treatment, account number(s): 212221424 treatment date(s) 12/19/2012, arising out of an accident which occurred on or about 12/19/2012.

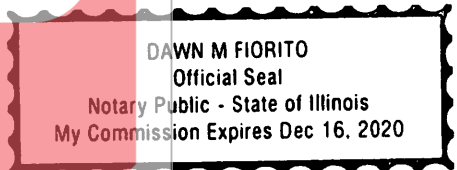
I have read the above Release and I hereunto set my hand and seal this 18<sup>th</sup> day of

*Jackie Crawford*

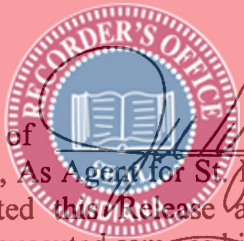
**This Document is the property of  
the Lake County Recorder!**

St. Margaret - Hammond

BY: *Camille Zucchero*  
Camille Zucchero, Client Manager  
Hospital Reimbursement Services, Inc.  
As Agent



STATE OF ILLINOIS )  
)SS  
COUNTY OF LAKE )



On this 18<sup>th</sup> 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 M Fiorito*

Lake County  
File No.: 12-47832

AMOUNT \$ 25.00  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK# 277233  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-CONF \_\_\_\_\_  
DEPUTY JMS

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