

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 046855

2017 JUL 28 AM 9:43

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2013 032207 DATED 05/07/2013

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$722.25, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Ingrid Prince that now exists against all parties, including American Access Casualty, as a result of **Ingrid Prince's** treatment, account number: 213048228 treatment date: 03/28/2013, arising out of an accident which occurred on or about 03/28/2013.

I have read the above Release and thereunto set my hand and seal this 25th day of

July

Document is
NOT OFFICIAL!

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the Lake County Recorder!

St. Margaret - Hammond

BY: Dawn Fiorito
Dawn Fiorito - Client Manager
Hospital Reimbursement Services, Inc.
As Agent

OFFICIAL SEAL
CAMILLE M. ZUCCHERO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 10/19/17

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

On this 25th day of July, 2017, before me personally came Dawn Fiorito, 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. Zucchero

Lake County
File No.: 13-53646

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