

2017 046856

2017 JUL 28 AM 9:45

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2014 006836 DATED 02/04/2014

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$718.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Trevaun S Jones that now exists against all parties, including State Farm Insurance, as a result of Trevaun S Jones's treatment, account number: 213291366 treatment date: 12/25/2013, arising out of an accident which occurred on or about 12/24/2013.

I have read the above Release and hereunto set my hand and seal this 28th day of

July

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

St. Margaret - Hammond

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

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)



On this 28th 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.: 14-70820

AMOUNT \$ 25.00
CASH CHARGE
CHECK# 277233
OVERAGE
COPY
NON-CONF
E DEPUTY MB