

2017 066959

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 OCT -3 AM 10:54

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2013 005902 DATED 01/23/2013

Hospital Reimbursement Services, Inc., agents for St. Margaret, Hammond, for and in consideration of payment and/or benefits totaling \$462.40, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Brenda Ortiz that now exists against all parties, including State Farm Insurance, as a result of **Brenda Ortiz's** treatment, account number: 212191587 treatment date: 10/29/2012, arising out of an accident which occurred on or about 10/29/2012.

I have read the above Release and hereunto set my hand and seal this 29th day of

September

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

St. Margaret, Hammond

BY:

Neil J. Greene
Neil J. Greene
Hospital Reimbursement Services, Inc.
As Agent

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)



On this 29th day of September, 2017, before me personally came Neil J. Greene, 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.: 12-44179

\$25.00
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