

2017 082524

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 DEC -6 AM 9:05

MICHAEL B. BROWN

RELEASE OF RECORDED LIEN 2016 022155

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$1,118.15, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Valorie A Lamb that now exists against all parties, including American Family Insurance, as a result of **Valorie A Lamb's** treatment, account number: 216055882 treatment date: 02/17/2016, arising out of an accident which occurred on or about 02/17/2016.

I have read the above Release and hereunto set my hand and seal this 21st day of

November

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 21st day of November, 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.: 16-151855

*25-6
ck 277368
D*