2017 082527

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 DEC -6 AM 9:05

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2016 000415 DATED 01/06/2016

Hospital Reimbursement Services, Inc., agents for St. Margaret - Dyer, for and in consideration of payment and/or benefits totaling $1,601.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Estephan Estephan that now exists against all parties, including State Farm, as a result of **Estephan Estephan**'s treatment, account number: 215341622 treatment date: 12/07/2015, arising out of an accident which occurred on or about 12/07/2015.

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STOP

I have read the above Release and I hereunto set my hand and seal this 30th day of November, 2017.

St. Margaret - Dyer

BY: Neil J. Greene

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

OFFICIAL SEAL
CAMILLE M ZUCCHERO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:10/19/21

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

On this 30th day of November, 2017, before me personally came Neil J. Greene, As Agent for St. Margaret - Dyer, 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.: 15-143111

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ck. 277368