

2017 082528

2017 DEC -6 AM 9:05

MICHAEL B. BROWN  
RECORDER

RELEASE OF RECORDED LIEN 2015085806 DATED 12/22/15

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$7,068.40, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Shelley Adams that now exists against all parties, including Progressive Insurance, as a result of **Shelley Adams's** treatment, account number(s): 215315157 treatment date(s) 11/14/2015, arising out of an accident which occurred on or about 11/14/2015.

I have read the above Release and hereunto set my hand and seal this 30<sup>th</sup> day of

November

**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 30<sup>th</sup> 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. Zuccherro

Lake County  
File No.: 15-141719

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