

2017 085040

2017 DEC 14 AM 9:47

MICHAEL B. BROWN  
RECORDER

RELEASE OF RECORDED LIEN 2014 001880 DATED 01/14/14

Hospital Reimbursement Services, Inc., agents for St. Margaret - Dyer, for and in consideration of payment and/or benefits totaling \$13,802.73, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Guadalupe Gomez that now exists against all parties, including Founders Insurance, as a result of **Guadalupe Gomez's** treatment, account number(s): 213281612/213285694 treatment date(s) 12/14/2013;12/19/2013, arising out of an accident which occurred on or about 12/14/2013.

I have read the above Release and I hereunto set my hand and seal this 7<sup>th</sup> day of December, 2017.  
**This Document is the property of Lake County Recorder!**

St. Margaret - Dyer

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

DAWN M FIORITO  
Official Seal  
Notary Public - State of Illinois  
My Commission Expires Dec 16, 2020

STATE OF ILLINOIS )  
)SS  
COUNTY OF LAKE )

On this 7<sup>th</sup> day of December, 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.

Lake County  
File No.: 13-69387/14-69969

ck. 25-16  
27377  
D