

2019 035203

2019 JUN 12 AM 9:32

MICHAEL B. BROWN
RECORDER

RELEASE OF RECORDED LIEN 2013 007379 DATED 01/29/2013

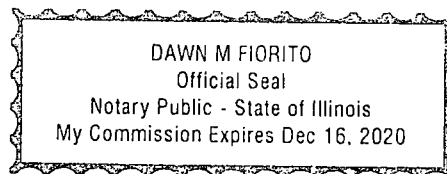
Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$800.80, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Barbara Corpus that now exists against all parties, as a result of **Barbara Corpus's** treatment, account number: 212215529 treatment date: 12/09/2012, arising out of an accident which occurred on or about 12/09/2012.

I have read the above Release and I hereunto set my hand and seal this 6th day of June, 2019.

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 6th day of June, 2019, 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.

Dawn M Fiorito

Lake County
File No.: 12-47351

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