

2019-081740

2019 Nov 27 8:45 AM

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
MICHAEL B BROWN  
RECORDER

**RELEASE OF RECORDED LIEN 2011 056246 DATED 10/12/11**

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$2,700.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Terrance Flowers that now exists against all parties, as a result of **Terrance Flowers's** treatment, account number: 9211137103 treatment date: 08/19/2011, arising out of an accident which occurred on or about 08/19/2011.

I have read the above Release and hereunto set my hand and seal this 20<sup>th</sup> day of

November

**Document is NOT OFFICIAL!**  
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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 20<sup>th</sup> day of November, 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.

*Camille M. Zucchero*

Lake County  
File No.: 11-18771

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