

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-071003

8:44 AM 2021 Dec 9

RELEASE OF RECORDED LIEN 2014 006835 DATED 02/04/14

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$1,936.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Akil Walker that now exists against all parties, including State Farm Insurance, as a result of Akil Walker's treatment, account number(s): 214002964 treatment date(s) 01/05/2014, arising out of an accident which occurred on or about 01/05/2014.

I have read the above Release and I hereunto set my hand and seal this 3rd day of December, 2021.

St. Margaret - Hammond

BY: [Signature]
Camille Zucchero, As Agent
Hospital Reimbursement Services, Inc.

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

On this 3rd day of December, 2021, before me personally came Camille Zucchero, As Agent; for St. Margaret - Hammond, known to me to be the individuals who executed this Release and acknowledge that he/she fully understands its contents and freely executed same as his/her free and voluntary act.

[Signature]

Lake County
File No.: 14-70547



Property of Lake County Recorder

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