

# NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2021-072173

8:38 AM 2021 Dec 20

RELEASE OF RECORDED LIEN 2012 032022 DATED 05/15/12

Hospital Reimbursement Services, Inc., agents for St. Margaret - Hammond, for and in consideration of payment and/or benefits totaling \$1,745.43, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Doniel Adkins Jr that now exists against all parties, including Affirmative, as a result of Doniel Adkins Jr's treatment, account number: 9212045280 treatment date: 03/17/2012-03/18/2012, arising out of an accident which occurred on or about 03/17/2012.

I have read the above Release and I hereunto set my hand and seal this 9<sup>th</sup> day of December, 2021.

St. Margaret - Hammond

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

STATE OF ILLINOIS )  
)SS  
COUNTY OF LAKE

On this 9<sup>th</sup> 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.

Dawn M Fiorito



Lake County  
File No.: 12-30609

Recorder  
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