

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2022-012781

8:50 AM 2022 Apr 12

RELEASE OF RECORDED LIEN 2013 022076 DATED 03/26/13

Hospital Reimbursement Services, Inc., agents for St. Margaret-Hammond, for and in consideration of payment and/or benefits totaling \$2,205.70, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Alexandria Davis that now exists against all parties, including American Alliance Casualty, as a result of Alexandria Davis's treatment, account number(s): 213006766 treatment date(s) 01/13/2013, arising out of an accident which occurred on or about 01/13/2013.

I have read the above Release and I hereunto set my hand and seal this 5th day of

April 2022

St. Margaret-Hammond

BY:

Dawn Fiorito
Dawn Fiorito, As Agent

Hospital Reimbursement Services, Inc.

STATE OF ILLINOIS)
)SS
COUNTY OF LAKE)

On this 5th day of April 2022, before me personally came Dawn Fiorito, 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.

Camille M. Zuccherro



Lake County
File No.: 13-49700

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