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SMH 1460 8/84 SWORN STATEMENT AND NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

<u> </u>	February 20th,19 85.
TO: Mr. Calvin Baggett	
ADDRESS: 303 Yates St.	
Calumet City, Ill.	60409
You are hereby notified that Saint	Margaret Hospital (hereinafter called "CLAIMANT")
whose address is 5412 Hohman Avenue	, Hammond, Indiana, 46320, intends to hold a
Hospital Lien for all reasonable and	d necessary charges for hospital care, treatment,
or maintenance of the above-listed	patient as follows:
1. The patient was admitted to	the hospital on Dec.7th
19_{84} , and discharged from	the hospital on Feb.2nd ,19 85
thousand, nine hundred three	care during the above time period is sixty eight dollars and (\$ 68,903.65).
Birty live comes.	owledge the following names and addresses are those
	s legal representative to be liable for damages
	injury causing the hospital stay:
(a) Mr. Wayne Johnson	
	South Holland, Ill.
4. 1	
	P.C. F
(c)	
of the Recorder of Lake County in wh days after the patient was discharge	o the Hospital Lien Law, I.C. 32-8-26 In the Office hich the Claimant is located, within ninety (90) ed from the hospital. The undersigned Claimant
	described above and that the facts and matters
set forth in the foregoing statement	t are true and correct.
	Law Kyszak Credit Rep. (Fighature)
·	Karen Kryszak, Credit Rep.
	(Printed)
STATE OF INDIANA) SS:	:
COUNTY OF LAKE)	
Karen Kryszak foregoing Sworn Statement and Notice	or said County and State, personally eppeared, , who acknowledged the execution of the e of Intention to Hold Hospital Lien, and who, having s of perjury, stated that the facts and matters ect.
Witness my hand and Notarial So	eal this 20th day of Feb. ,1985.
My Commission Expires	
Terry L. Johnson, Notary Public	Signature My Signature
Lake County, Indiana	Printed Terry L. Johnson
Commission expiration date 4/14/87	Notary Public
Residing in Lake County, Indiana	对外"严 "(10