

104532

REVISED LIEN

M I D W E S T E R N A C C O U N T C O N S U L T A N T S , L T D .

SWORN STATEMENT AND NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

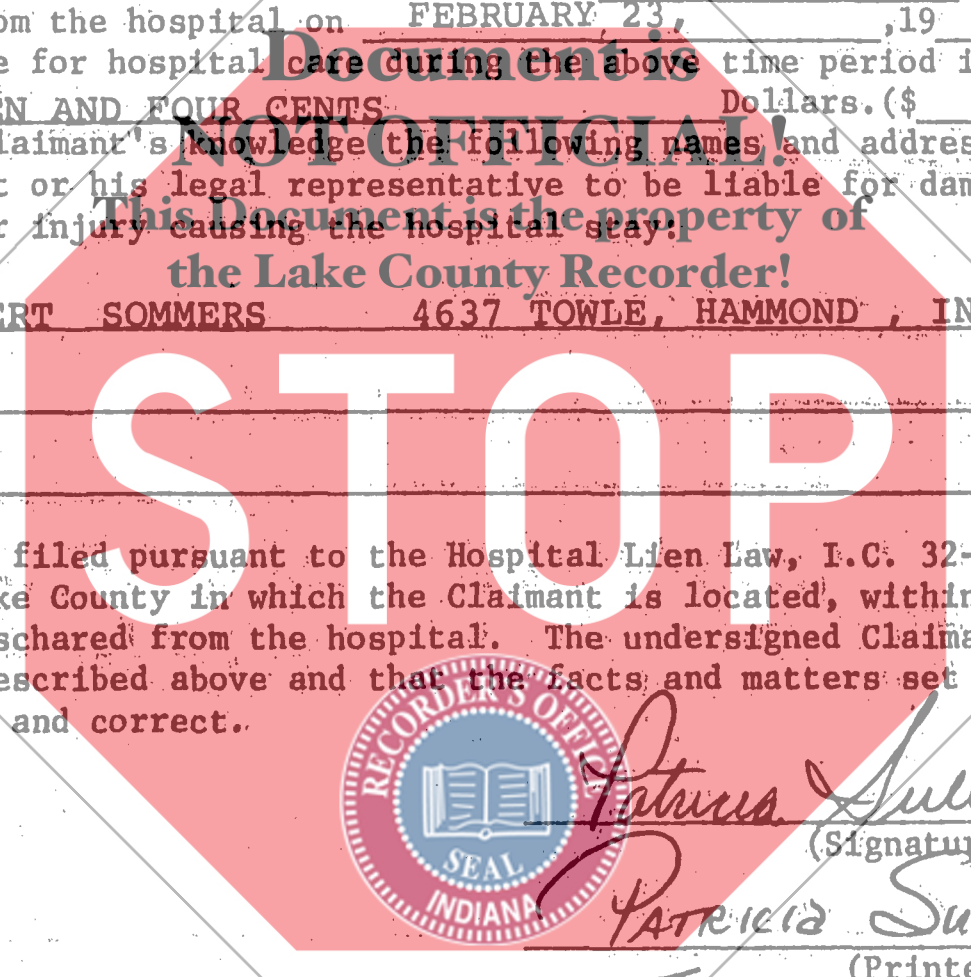
MAY 10, 1990, 19

TO: JOHN CASHION ADDRESS 33 N LASALLE STR CHGO, IL 60602

You are hereby notified that ST MARGARET HOSPITAL (hereinafter called "CALIMANT") whose address is 5454 HOHMAN AVE PO BOX 1160 HAMMOND, IND, intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment, or maintenance of the above-listed patient as follows:

- 1. The patient was admitted to the hospital on FEBRUARY 23, 1987, and discharged from the hospital on FEBRUARY 23, 1987.
2. The amount due for hospital care during the above time period is EIGHT HUNDRED THIRTY SEVEN AND FOUR CENTS Dollars. (\$ 837.04).
3. To the best claimant's knowledge the following names and addresses are those claimed by the patient or his legal representative to be liable for damages arising from the illness or injury causing the hospital stay.

- (a) ROBERT SOMMERS 4637 TOWLE, HAMMOND, IND. 46327
(b)
(c)



STATE OF INDIANA
FILED
LAKELAND
JUN 7 1990
ROBERT RECORDER

This Lien is being filed pursuant to the Hospital Lien Law, I.C. 32-8-26 in the Office of the Recorder of Lake County in which the Claimant is located, within ninety (90) days after the patient was discharged from the hospital. The undersigned Claimant intends to hold a Hospital Lien as described above and that the facts and matters set forth in the foregoing statement are true and correct.



Patricia Sullivan (Signature)
PATRICIA SULLIVAN (Printed)

STATE OF ILLINOIS )
) SS:
COUNTY OF COOK )

Before me, a Notary Public in and for said County and State, personally appeared [Name], who acknowledged the execution of the foregoing Sworn Statement and Notice of Intention to Hold Hospital Lien, and who, having been duly sworn, under the penalties of perjury, stated that the facts and matters therein set forth are true and correct.

Witness my hand and Notarial Seal this 24 day of May 1990.
My Commission Expires
" OFFICIAL SEAL "
SCHERRIE M. ADDYMAN
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 11/4/91
Residing in Cook County, Illinois

Signature Scherrie M Addyman
Printed
Notary Public

Midwestern Acct Consultants, Ltd

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