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MIDWESTERN ACCOUNT CONSULTANTS, LTD.

SWORN STATEMENT AND NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

August 14, 1990

TO: Atty Ron Layer ADDRESS 5832 Hohman Ave Hammond In 46320

You are hereby notified that St. Margaret Hospital (hereinafter called "CALIMANT"), whose address is 5454 Hohman Ave. Hammond In 46325, 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 Aug. 13, 1989, and discharged from the hospital on Jan. 1, 1990.
2. The amount due for hospital care during the above time period is ten thousand nine hundred two dollars & forty five cents ($ 10,902.45).
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) Iretta Kramer 7621 Baring St. Hammond In 46320

(b)

(c)

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 dischared 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 _____, 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 purjury, stated that the facts and matters therein set forth are true and correct.

Witness my hand and Notarial Seal this 10 day of December, 1990.

My Commission Expires

Signature Carol Ann Raymond

Printed Carol Ann Raymond
Notary Public

" OFFICIAL SEAL "
CAROL ANN RAYMOND
NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXPIRES 1/20/94

My Residing in Cook County, Illinois

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