

138338

MIDWESTERN ACCOUNT CONSULTANTS, LTD.

SWORN STATEMENT AND NOTICE OF INTENTION TO  
HOLD HOSPITAL LIEN

November 20, 1990,

TO: Allstate Insur c/o Ken Harrington ADDRESS 4411 W. 211th St. Matteson IL 60443

You are hereby notified that St. Margaret Hospital (hereinafter called "CLAIMANT") whose address is 5454 Hohman Ave. Hammond IN 46320, 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 April 24, 1989, and discharged from the hospital on May 13, 1989.
2. The amount due for hospital care during the above time period is Twenty four thousand seventy eight dollars & thirteen cents Dollars (\$ 24,078.13).
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:

- NOT OFFICIAL!**  
**This Document is the property of**  
**the Lake County Recorder!**
- (a) Brian Bommarito 232 Williams St. Hammond IN 46320  
(b) Claim #270741032NKH  
(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 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.



*Saturna Sullavan*  
(Signature)

*PATRICK SULLAVAN*  
(Printed)

STATE OF ILLINOIS )

) ISS:

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 perjury, stated that the facts and matters therein set forth are true and correct.

OFFICIAL SEAL  
CAROL ANN RAYMOND Notarial Seal this 10 day of December, 1990.  
NOTARY PUBLIC STATE OF ILLINOIS  
MY COMMISSION EXPIRES 11/20/94

Signature *Carol Ann Raymond*

Printed *Carol Ann Raymond*  
Notary Public

Residing in Cook County, Illinois