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Chicago Heights IL
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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 .
S W O R N S T A T E M E N T A N D N O T I C E O F I N T E N T I O N T O
H O L D H O S P I T A L L I E N

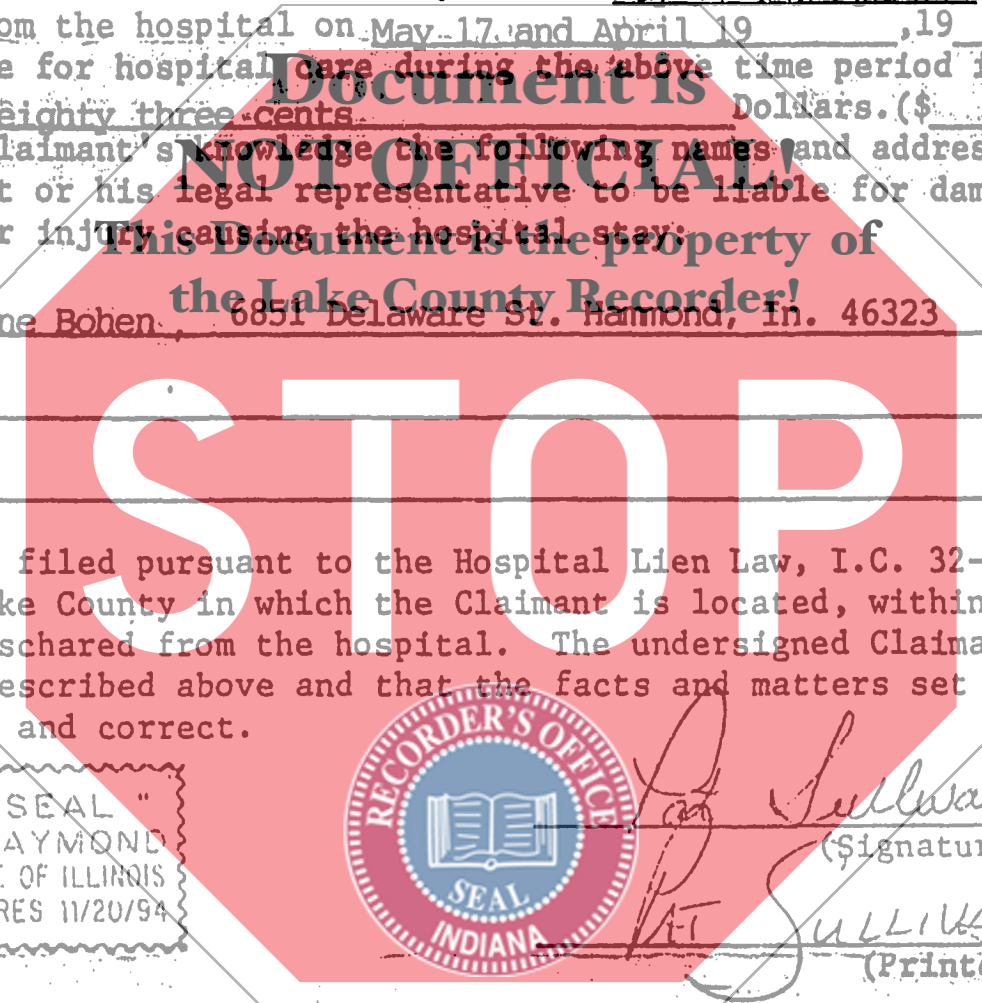
February 7, 1991

TO: Justin Murphy ADDRESS 5253 Hohman P O Box 1150 Hammond, In 46325

You are hereby notified that St. Margaret Hospital (hereinafter called "CALIMANT") whose address is 5454 Hohman Ave .P O Box 1160 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 May 17 and April 19 90, and discharged from the hospital on May 17 and April 19 90.
2. The amount due for hospital care during the above time period is eight hundred ninety - two and eighty three cents Dollars. (\$ 892.83).
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) Tyrone Bohan, 6851 Delaware St. Hammond, In. 46323
- (b) _____
- (c) _____



STATE OF INDIANA/S.S.
 FILED IN REC'D
 FEB 25 9 38 AM '91
 ROBERT J. SULLIVAN
 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.

" OFFICIAL SEAL "
 CAROL ANN RAYMOND
 NOTARY PUBLIC, STATE OF ILLINOIS
 MY COMMISSION EXPIRES 11/20/94



[Signature]
 (Signature)
[Printed Name]
 (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 perjury, stated that the facts and matters therein set forth are true and correct.

Witness my hand and Notarial Seal this 18 day of February, 1991.
 My Commission Expires 11-20-94
 Signature [Signature]
 Printed Carol Ann Raymond
 Notary Public

Residing in Cook County, Illinois

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