

3498
77 So. Chgo Hts IL 60411

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

91018338

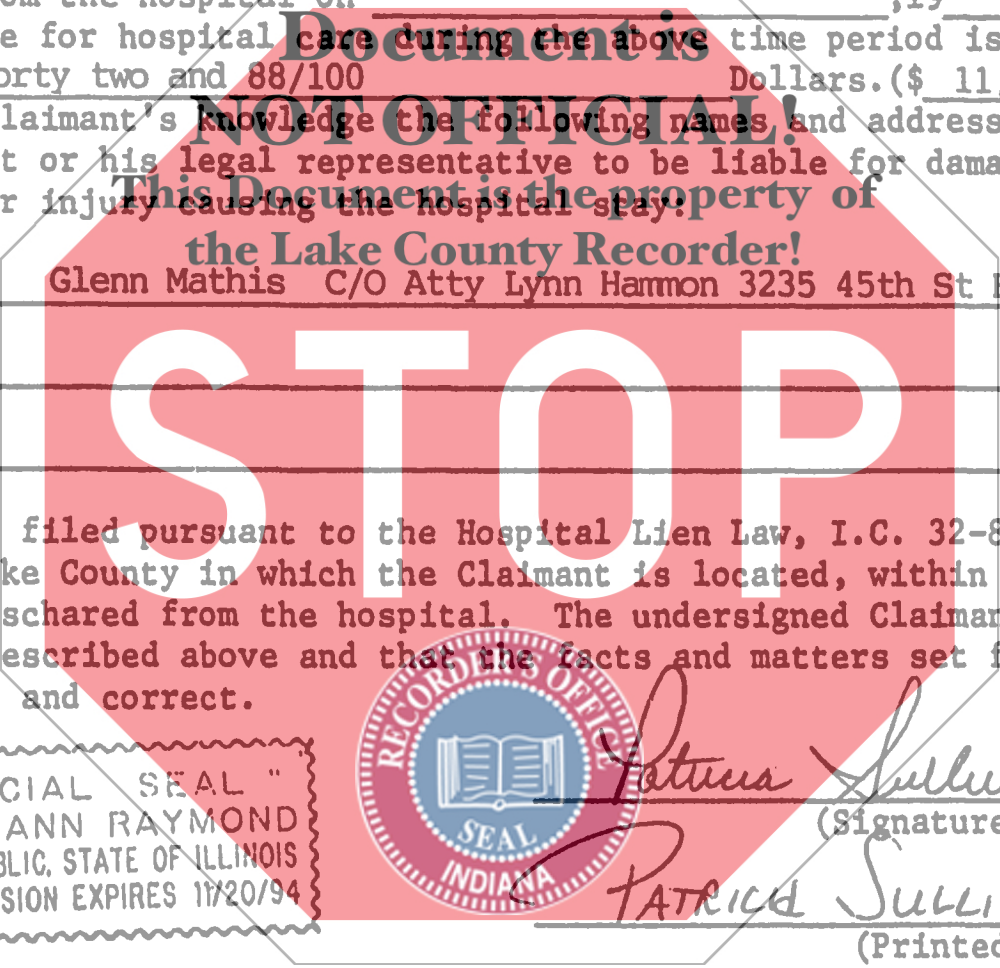
March 27, 19 91

TO: Atty: Lynn Hammon

ADDRESS 3235 45th St Highland, In. 46383

You are hereby notified that St. Margaret Hospital (hereinafter called "CALIMANT") whose address is 5454 Hohman Ave PO 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 March 10, 19 90, and discharged from the hospital on _____, 19 _____.
2. The amount due for hospital care during the above time period is eleven thousand two hundred forty two and 88/100 Dollars. (\$ 11,242.88).
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) Glenn Mathis C/O Atty Lynn Hammon 3235 45th St Highland, In. 46383
 - (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 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



Patricia Sullivan
 (Signature)
 PATRICIA SULLIVAN
 (Printed)

STATE OF INDIANA/S.S. NO.
 LAKE COUNTY
 APR 18 9 17 AM
 ROBERT W. COOPER
 RECORDER

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 _____ day of _____, 1991.
 My Commission Expires
 11-20-94

Signature *Carol Ann Raymond*
 Printed Carol Ann Raymond
 Notary Public

Residing in Cook County, Illinois

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