S. Chgo. Hts., Dl.

	91018339	<b>V</b> /			<i>y</i>	66411
M	IDWESTERN SWORN	STATEMENT AND		ISULTAN NTENTION TO	TS, LT	D .
			Febr	uary 28	_, 19 <u>91</u>	_•
:	Jim Karhailos		_ADDRESS3	3N Dearborn Cho	ю, Il. 6060	2
ose ad ld a H	hereby notified that dress is Main & Francis lospital Lien for all renance of the above-li	easonable and n	Pt. In, 463 ecessary cl	07	intends to	
1. 2.	The patient was admitt discharged from the ho The amount due for hos forty five and 00/1	spital on pital care duri	May 23	time period pollars.(\$	is nine hur 945.00	ndred).
3.	To the best claimant's by the patient or his the illness or injury	knowledge the legal represent causing uther hos	following active to be partial eating to be a second to be a secon	e liable for da perty of	esses are th mages arisi	ose craime
	(a) William Vasi	thereof	ti Take Sta	Efont; In. 464	05	
	(b)					
	(c)					
the i the i Hosp	lien is being filed pure Recorder of Lake County patient was dischared ital Lien as described ement are true and correct of the CAROL ANN RAYMON NOTARY PUBLIC, STATE OF HELE MY COMMISSION EXPIRES 11/2	in which the from the hospital above and that sect.	Claimant is	located, with dersigned Claim and matters se	in ninety (9 nant intends t forth in t	to hold
COIN	E OF ILLINOIS )  SS: TY OF COOK )  re me, a Notary Public	in and for sai	d County as	nd State, perso	ROBERT nally appear	PR 18 de Co
duly set	sworn, under the pena forth are true and cor Witness my hand and N Commission Expires	of Intention t lties of purjur rect.	o Hold Hosp y, stated is Signature	that the facts	who, having and matters	therein's
Resi	lding in Cook County, I	llinois	•		ary Public	60