· N	MIDWESTE	SWORN STATEMENT AN	D NOTICE OF	FINTENTI		S, LT	D .
		HOLD HOSPITAL LIEN OCTOBER 10 , 1991 .					
					CTOBER 10	, 1991	- *
TO: A	TTY. GREG MANDEL		ADDRESS	188 W.	RANDOLPH, S	STE. 2399,	CHICAGO, I
			 -	, , .			60613
		that ST. MARGARET	HOSPITAL		ereinafter		CALIMANT")
		HOHMAN AVE., HAMMON all reasonable and	D, IN 463	sharasa	for bosnin	ntends to	· wontmont
		ove-listed patient			TOT HOSPIC	ar care, t	.reatment,
or max.		-					
1.	The patient was	admitted to the hos	pital on _	APRIL 1	6, , , , 1	9 <u>90</u> , and	I·
_							
2.	The amount due f	or hospital care du	ring the a	pove cime	neriod 1s ars.(\$ 694	SIX HUND	RED.
3.	NINETY-FOUR AND	mant's knowledge th	e fallowin	names a	address	es are tho	 ose claimed
مان مان تار	by the patient o	mant's knowledge the r his legal represe	ntative to	be liabl	e for dama	ges arisin	ng from
7.	the illness or i	njury This doctent	ostistlet	propert	ty of		-
	() TAMES DOOK	RY, 6949 MERRIEL ST	County	ecorde	g la		
	(a) JAMES DOCKE	RAY, 0949 PIERRIDE SI	·, CHICAGO,	, 15 000	13		
	(b)						
	, ,			1		င့	<u> </u>
	(c) ₋						
~ 1 4			77		T 0 00	06 4- 4-	- 0664 6
This	Becorder of Lake	led pursuant to the County in which the	Hospital Claimant	Lien Law,	1.0. 32-6	726 in the	e willce or
the	natient was disch	ared from the hospi	tal. The	undersier	ed Claimar	intends	to hold a
Hosp	ital Lien as desc	ribed above and tha	t the fact	s and mat	ters set i	orth in t	he foregoir
	ement are true an		STODER'S	ລ			ِ نَى
	·			At .	A.M	į .	
				zancia	(Signature	Kbi	
Th	ils is an attempt to collec	E		\$	(Signature	')	
œ.	bt any information obtain	The state of the s	1	TRICIA	DULL	IVAN	
will	l be used for that purpose.	10	A PARTIES		(Printed)	
				/			
STAI	re of illinois)	n -					
COUN	NTY OF COOK)	S:					
		ublic in and for sa	id County	and State	e, personal	ly appear	ed
2014	, a	, who ackr	owledged t	he execut	ion of the	foregoin	g
		otice of Intention	to Hold Ho	spital Li	len, and wh	o, having	been
		penalties of purju	ry, stated	that the	facts and	l matters	therein
set	forth are true an	d correct.					
	Witness my hand	and Notarial Seal t	his 10	/· day of	no to	ber.	19 01
Mv C	Commission Expires	•			000	11/2	
	7 - 0 2 - 9	<u> </u>	Signat	ure <u> </u>	x	7 Frou	MOW S
	d 2 ()	. } " OFFICIAL SYLVIA HEI	Printe	á	, U		
		SILVIA 1101		}	Notary	Public	
Resi	iding in Cook Coun	Salv Adusticator Ev		\$. A
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