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MIDWESTERN ACCOUNT CONSULTANTS, LTD.
SWORN STATEMENT AND NOTICE OF INTENTION TO
HOLD HOSPITAL LIEN

JANUARY 31, 1992

TO: ATTY; GREG SARKISIAN ADDRESS 6165 CENTRAL AVE PORTAGE, IN. 46368

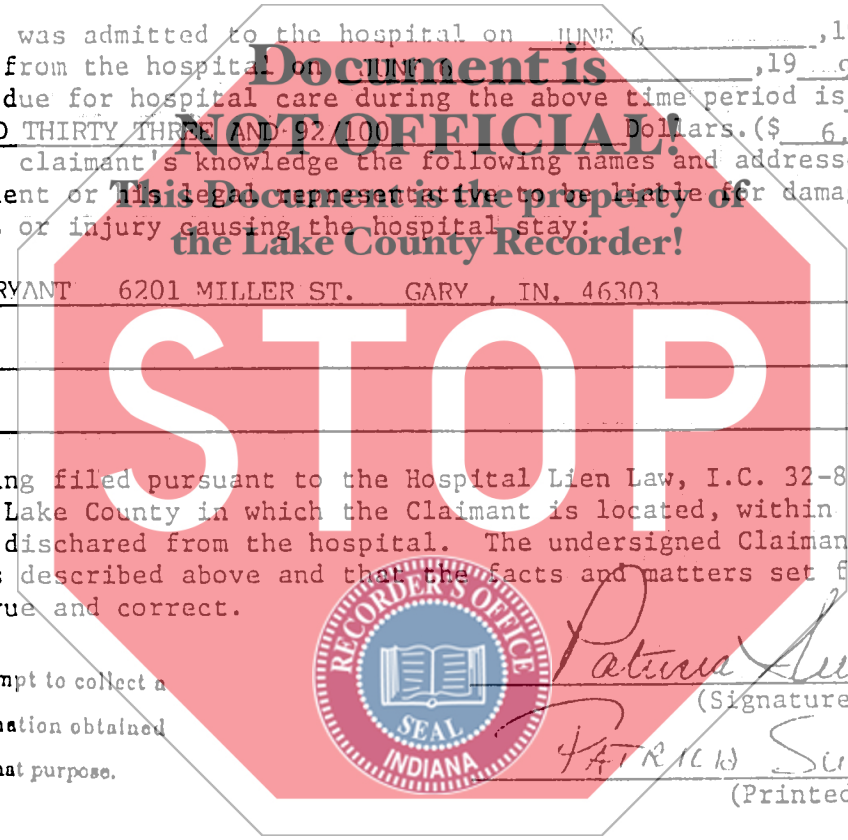
You are hereby notified that ST. MARGARET HOSPITAL, (hereinafter called "CALIMANT") whose address is 5454 HOHMAN AVE. HAMMOND, IN. 46320, intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment, or maintenance of the above-listed patient as follows:

1. The patient was admitted to the hospital on JUNE 6, 1991, and discharged from the hospital on JUNE 10, 1991.
2. The amount due for hospital care during the above time period is SIX THOUSAND FOUR HUNDRED THIRTY THREE AND 92/100 Dollars. (\$ 6,433.92).
3. To the best claimant's knowledge the following names and addresses are those claimed by the patient or ~~his~~ ^{she} ~~he~~ ^{she} ~~it~~ ^{she} ~~they~~ ^{she} to be liable for damages arising from the illness or injury causing the hospital stay:

(a) JOEL BRYANT 6201 MILLER ST. GARY, IN. 46303

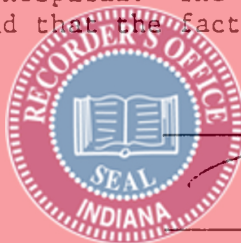
(b)

(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.

This is an attempt to collect a debt any information obtained will be used for that purpose.



Patricia Sullivan
(Signature)
PATRICIA SULLIVAN
(Printed)

STATE OF ILLINOIS)

) SS:

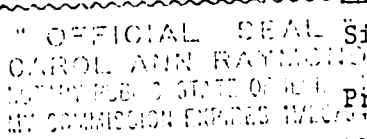
COUNTY OF COOK)

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 6 day of February, 1992.

My Commission Expires

1/94



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

Residing in Cook County, Illinois

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