P.O. BOX T8
LOC 1ST NATIOUAL VEAZA
SINTE GOO
TO Chicago ILL.
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MIDWESTE	R N A C C O	UNTCON	SULTA	NTS, LT	D .
1	SWORN STATEMENT HOL	AND NOTICE OF I	NTENTION TO		
		MA.	RCH 11	, 19 <u>92</u>	_•
TO: ATTY; ANTHONY TRAF	PANE	ADDRESS_ 9	111 BROADWAY	STE SE MERRII	LVILLE, IN
You are hereby notified whose address is 5454 HC hold a Hospital Lien for or maintenance of the abo	that ST. MARGAR HMAN AVE.HAMMONE all reasonable	RET HOSPITAL D. IN. 46320 and necessary ch	(hereina	fter called "	CALIMANT")
 The patient was a discharged from the amount due for the amount due. 	LILE RUSULING A SILE		L a .	L 7 HUhamana •	
3. To the best claim by the patient of the illness or in	mant's knowledge This legal repr njury causing th	the following resentative to be	ames and add	3867.43 lresses are the	ose claimed
(a) PHILLIP TR	APANE 3834 MARY	LAND GARY, IN.	46409		······ σ _i
(b) <u>.</u>				R032	
(c)	A CANADA AND A CAN			77 T	
This lien is being fitthe Recorder of Lake the patient was discharged the patient was described and the patient are true and true are true are true and true are tr	County in which ared from the ho ribed above and d correct.	the Claimant is spital. The und that the facts a	located, with dersigned Classes of the control of t	inin ninety 1911 imant intends set forth in 181 ulwar ature))) dáys afti to hold a
STATE OF ILLINOIS) COUNTY OF COOK)	S: OFFICE AND A ROLL A	NN PAYMONES 10. STATE OF FEE OIL EXPIRES 1/2		inted)	
Sworn Statement and No duly sworn, under the set forth are true and My Commission Expires	, who a otice of Intenti penalties of pud correct.	cknowledged the on to Hold Hosp rjury, stated th	execution of ital Lien, and the facts	the foregoin nd who, having and matters	s been

Leck