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#9448325 #9448549

Our Lad	y of Mercy	/ˈHospitalˈ
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U.S. Highway 30, Dyer, Indiana 46311-1799 (219) 865-2141

nospital on 3/1/92 , was discharged on 3/2/92  and whose bill for each service is in the amount of \$ 5,184.93  To the best of the hospital's knowledge, the patient or his legal representative claims that the Gliothe nated and viduals and/or entities are liable for damages for the patient's illness or injury.  Sand reman of the property of Hamond, the last of the property of the last of t	To the best of the hospital's knowledge, the patient or his legal representative claims that the following faced Sandwiduals and/or entities are liable for damages for the patient a illness or injury.  Sandwing an accument is the property of Hammond, the last county Recorder!  STATE: OF INDIANA)  SS:  COUNTY OF LAKE  Rita: Carlson  For the above-named Our Lady of Nercy Hospital, being duly sworn upon his/hoath, says that the facts stated in the foregoing are true.  Subscribed and sworn to before me, a Notary Public, this 16th day of April 19: 92.  My Commission Expires:  A resident of Lake County April Lake County Public Lake County	9702 W. 113th Cedar Lake. IN 4	
To the best of the hospital's knowledge, the patient or his legal representative claims the bell of living race and viduals and/or entities are liable for damages for the patient a tilpess or hijury.  Saul ruman Acqueent is the property of Hamond, the Lasso County Recorder!  OUR LADY OF MERCY MOSPITAL By: Land Carlson  Rita Carlson  Rita Carlson  Printed Name  Subscribed and sworn to before me, a Notary Public, this 16th day of April 1, 19 92  My Commission Expires:  A resident of Lake County Recorder.	To the best of the hospital's knowledge, the patient or his legal representative claims that the following rated Sudviduals and/or entities are liable for damages for the patient's illness or injury.  Saul ruman Avenue  Hammond'the Lasso County Recorder!  OUR LADY OF MERCY: RESPITAL  By: Land Corrison  STATE OF INDIANA)  SS:  Ritar Carlson  For the above named Our Lady of Mercy Hospital, being duly sworn upon his/hoath, says that the facts of 1875 for the foregoing, are true.  Signature  Ritar Carlson  Printed Name  Subscribed and sworn to before me, a Notary Public, this 16th day of April , 19 92.  My Commission Expires:  A resident of Lake Court		
STATE OF INDIANA)  STATE OF INDIANA)  STATE of the above named Our Lady of Mercy Mospital, being duly sworn upon his/her oath, says that the facts state in the foregoing, are true.  Subscribed and sworn to before me, a Notary Public, this 16th day of April , 19 92  My Commission Expires:  A resident of Lake County Record of Lake Counts Manager in the foregoing are true.	Sand Forman Council is the property of Harmond, the 14620 County Recorder!  OUR LADY OF MERCY ROBPITAL  By:  COUNTY OF LAKE  Ritarcarlson  For the above named Our Lady of Mercy Hospital, being duly sworn upon his/hoath, says that the facts stays in the foregoing are true.  Signature  Rita Carlson  Printed Name  Subscribed and sworn to before me, a Notary Public, this 16th day of April 19 92.  My Commission Expires:  A County of Mercy Hospital, being duly sworn upon his/hoath, says that the facts stays in the foregoing are true.  Signature  Rita Carlson  Printed Name  Subscribed and sworn to before me, a Notary Public, this 16th day of April 19 92.	and whose bill for each service is i	the amount of \$ 5,184.93
OUR LADY OF MERCY MESPITAL  By: Later Counts Manager  For the above named Our Lady of Mercy Mospital, being duly sworn upon his/her oath, says that the facts states in the foregoing are true.  Subscribed and sworn to before me, a Notary Public, this 16th day of April 19 92.  My Commission Expires:  A resident of Lake Counts  The facts of the patient Accounts Manager  Rita Carlson  Printed Name  Subscribed and sworn to before me, a Notary Public, this 16th day of lotary Public A resident of Lake Counts	STATE OF INDIANA)  SS:  COUNTY OF DAKE  Rita Carlson  For the above named Our Lady of Mercy Hospital, being duly sworn upon his/hoath, says that the facts states in the foregoing are true.  Signature  Rita Carlson  Printed Name  Subscribed and sworn to before me, a Notary Public, this 16th day of April  My Commission Expires:  A resident of Lake Court	sentative claims that the collowing liable for damages for the patient's	named Sndividuals and/or entities are
OUR LADY OF MERCY ROSPITAL  By: Carlson  Ritarcarlson  For the above named Our Lady of Mercy Hospital, being duly sworn upon his/her oath, says that the facts statistic in the foregoing are true.  Signature  Rita Carlson  Printed Name  Subscribed and sworn to before me, a Notary Public, this 16th day of April 19. 92.  My Commission Expires:  A resident of Lake County	OUR LADY OF MERCY RESPITAL  By: Carlor  COUNTY OF DAKE  Ritarcarlson  Ritarcarlson  For the above named Our Lady of Mercy Mospital, being duly sworn upon his/hoath, says that the facts state in the foregoing, are true.  Signature  Rita Carlson  Printed Name  Subscribed and sworn to before me, a Notary Public, this 16th day of April 1992.  My Commission Expires:  A resident of Lake County Public A resident of Lake County Public A resident of Lake County Public Lake County Public A resident of Lake County Public Lake County Public A resident of Lake County Public Lake County Pub	Hammond, the 146320 County	Recorder!
COUNTY OF DAKE  RitarCarlson  RitarCarlson  For the above named Our Lady of Mercy Hospital, being duly sworn upon his/her oath, says that the facts started in the foregoing are true.  Signature Rita Carlson  Printed Name  Subscribed and sworn to before me, a Notary Public, this 16th day of April 192.  My Commission Expires:  A resident of Lake County	COUNTY OF LAKE  Rita Carlson  For the above named Our Lady of Mercy Hospital, being duly sworn upon his/hoath, says that the facts started in the foregoing are true.  Signature Rita Carlson  Printed Name  Subscribed and sworn to before me, a Notary Public, this 16th day of April  April  My Commission Expires:  A resident of Lake Cour		OUR LADY OF MERCY INSEPITAL
oath, says that the facts stated in the foregoing are true.  Signature Rita Carlson  Printed Name  Subscribed and sworn to before me, a Notary Public, this 16th day of April 19 92.  My Commission Expires:  A resident of Lake County	oath, says that the facts stated in the foregoing are true.  Signature Rita Carlson  Printed Name  Subscribed and sworn to before me, a Notary Public, this 16th day of April 19 92.  My Commission Expires:  A resident of Lake Cour	COUNTY OF LAKE ) SS:	
Rita Carlson  Printed Name  Subscribed and sworn to before me, a Notary Public, this 16th day of April 19 92  My Commission Expires:  A resident of Lake County	Rita Carlson  Printed Name  Subscribed and sworn to before me, a Notary Public, this 16th day of April 19 92  My Commission Expires:  A resident of Lake Cour	for the above named Our Lady of Mer oath, says that the facts stated in	che foregoing are true.
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			A resident of Lake County
This instrument was prepared by: George Bloom, Attornay-at-Law.	V-1050 Vostigad	P-1050 Revised	7. /