## MILD WEST ERIN ACCOUNT CONSULTANTS, LITHD

SWORN;	STATEMENT	AND*NOTICE	OF-	INTENTION	TO:
	HOLI	HOSPITAL I	TEN	<b>.</b>	

4,		construction of the state of th	HOLD HOSPI	TAL LIEN	and a final and a second se					
			***	APRIL 20		, 19 <sup>92</sup>	•			
O: ATTY; BEN DANKO			A	ADDRESS PO BOX 510 WHITTING, IN. 46394						
lou are whose a nold a or main	hereby notified ddress is 5454 Hospital Lien for tenance of the ab	ove-listed pa	tient as f	ollows:				NT!') lent,		
1'.	The patient was	admitted to t	he hospita	1 on APR	IL 15	, <b>19</b> 91 ,	and			
2.	discharged from The amount due f NINTY ONE AN	or hospital	sc during	the above	time period	is SEVEN	HUNDRED	1		
3	To the best claim by the patient of the illness or in the illness	mant siknowle r his legal r hitro dausing	dge the forestate the hospit	llowing had ive to be had patay:	nes and addr liable for d rty of	esses are	those cl	.aimed		
	(a): IRENE MIT	ERKO 1452 JO	HN STREET	WHITING,	IN. 46394	20	<u> </u>	S		
	(b)					OBE	<u>3</u>	STATE		
	(c)·					# <sup>2</sup>	<u></u>	E S		
Hosp	patient was dischital Lien as descent are true ar This is an attain debt any informall be used for the second seco	ribed above a id correct.  mpt to collect a matter about a matter about a matter about a matter a matt			Aulum (Signat	forth in				
STAT	E OF ILLINOIS )									
Befo	TY OF COOK ) re me, a Notary F	, wh	o acknowle	dged the	xecution of	the forego	ing			
duly	sworn, under the forth are true ar	penalties of								
му с 	Witness my hand commission Expires		Seal this	day Signature Printed	of MAU	Jann	199	5		
Resi	ding in Cook Cour	ity, Illinois	\	<u>-</u>	FS Y IL MO MOTARIANO MY HODMINIO	EAFNE BUD 146 ILIQUISTATE: OF TE STORE EXPLORED Y	1/23/93 ;	$l_cO_{\iota}^{\varrho}$		

312/756-7400 • P.O. BOX 98 • 3322 COMMERCIAL AVENUE • SOUTH CHICAGO HEIGHTS, ILLINOIS 60411