

92035489

M I D W E S T E R N A C C O U N T C O N S U L T A N T S , L T D .  
SWORN STATEMENT AND NOTICE OF INTENTION TO  
HOLD HOSPITAL LIEN

APRIL 17, 1992

TO: ATTY; DAN KUZMAN ADDRESS: 5800 BROADWAY MERRILLVILLE, IN. 46410

You are hereby notified that ST. MARGARET MERCY HEALTHCARE (hereinafter called "CALIMANT") whose address is U.S. 30 DYER, IN. 46311, 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:

- The patient was admitted to the hospital on JULY 11, 1991, and discharged from the hospital on \_\_\_\_\_, 19\_\_\_\_.
- The amount due for hospital care during the above time period is FOUR HUNDRED FORTY SEVEN AND 95/100 Dollars. (\$ 447.95)
- To the best claimant's knowledge the following names and addresses are those claimed by the patient or his legal representative to be liable for damages arising from the illness or injury causing the hospital stay:
  - DEMETRIOS KARRAS 10933 AVE D CHGO, IL. 60617
  - 
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STATE OF ILLINOIS  
LAKE COUNTY  
FILED FOR RECORDS  
JUN 3 10 24 AM '92  
ROBERT RECORDED

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.



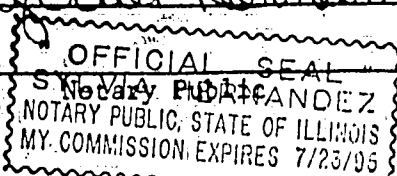
*Jo Ann Musick*  
(Signature)  
JO ANN MURCHEK  
(Printed)

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

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 4 day of May, 1992.  
My Commission Expires 7-23-96  
Signature: *Josef Hernandez*



Residing in Cook County, Illinois

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