

92036679

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 .  
S W O R N   S T A T E M E N T   A N D   N O T I C E   O F   I N T E N T I O N   T O  
H O L D   H O S P I T A L   L I E N

APRIL 20, 1992

TO: ATTY; ARLINGTON FOLEY

ADDRESS 8300 MISSISSIPPI MERR., IN. 46410

You are hereby notified that ST. ANTHONY MED. CTR. (hereinafter called "CALIMANT") whose address is MAIN AT FRANCISCAN RD. CROWN PT, IN. 46307, 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 8/17/89, 6/25/90, 19\_\_\_, and discharged from the hospital on SAME --- SAME, 19\_\_\_.
2. The amount due for hospital care during the above time period is TWO THOUSAND SIX HUNDRED FORTY THREE AND 55/100 Dollars. (\$ 2643.55).
3. 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:

(a) ROBERT J BANEK 7612 WEST 134TH CT CEDAR LAKE , IN, 46303

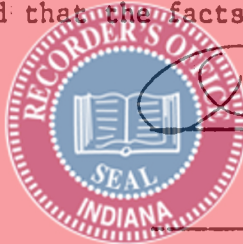
(b) \_\_\_\_\_

(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 Boyd*  
(Signature)

(Printed)

STATE OF ILLINOIS )  
                          ) SS:  
COUNTY OF COOK    )

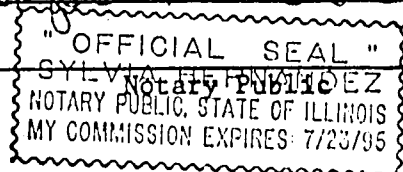
Before me, a Notary Public in and for said County and State, personally appeared \_\_\_\_\_, who acknowledged the execution of the foregoing Sworn Statement and Notice of Intention to Hold Hospital Lien, and who, having been duly sworn, under the penalties of perjury, stated that the facts and matters therein set forth are true and correct.

Witness my hand and Notarial Seal this  
My Commission Expires

7-23-96

4 day of May, 19 92.  
Signature Sylvia Hernandez

Printed



Residing in Cook County, Illinois

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