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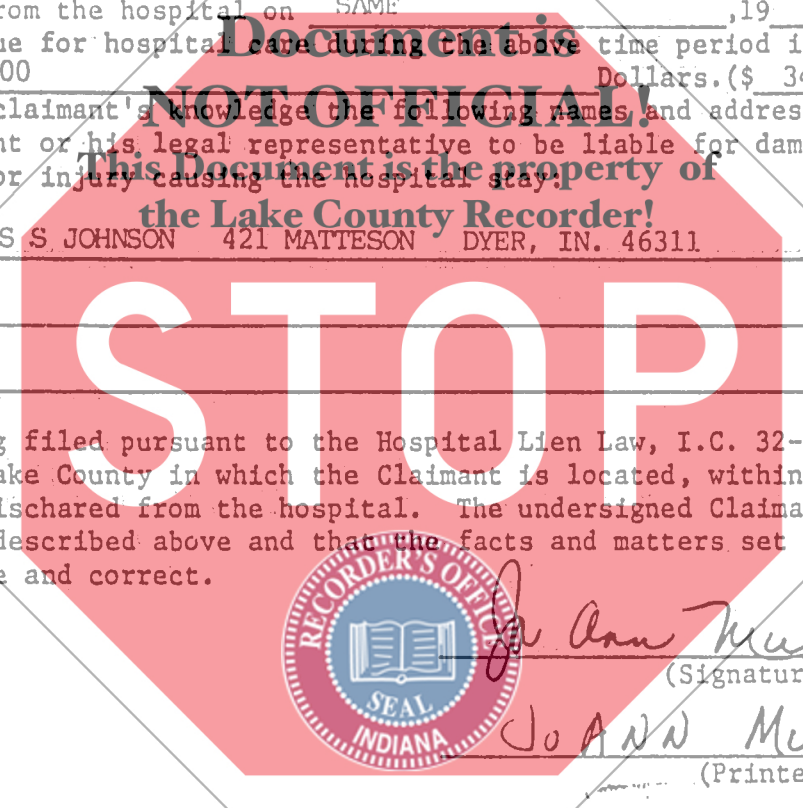
M I D W E S T E R N A C C O U N T C O N S U L T A N T S , L T D .
SWORN STATEMENT AND NOTICE OF INTENTION TO
HOLD HOSPITAL LIEN

APRIL 17 , 19 92 .

TO: ATTY; WALTER ALVAREZ ADDRESS 8550 BROADWAY SUITE 8564 MERR. IN. 46410

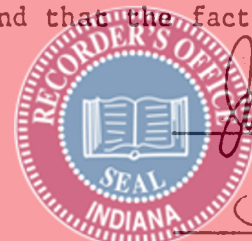
You are hereby notified that ST.MARGARET MERCY HEALTHCARE (hereinafter called "CALIMANT") whose address is U.S. 30 DYER, IN. 46311, intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment, or maintenance of the above-listed patient as follows:

1. The patient was admitted to the hospital on MARCH 21, 19 91, and discharged from the hospital on SAME, 19 91.
2. The amount due for hospital care during the above time period is THREE HUNDRED FORTY FOUR AND 45/100 Dollars. (\$ 344.45).
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) CHARLES S. JOHNSON 421 MATTESON DYER, IN. 46311
 - (b) _____
 - (c) _____



STATE OF INDIANA/S.S.M.
LAKE COUNTY
FILED FOR RECORD
JUN 8 1 33 PM '92
ROBERT E. GRIFFIN
RECORDER

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 Murchek
(Signature)

JO ANN MURCHEK
(Printed)

STATE OF ILLINOIS)

) SS:

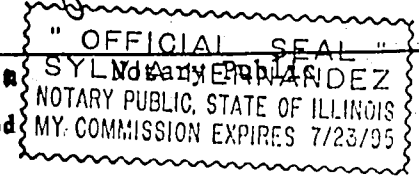
COUNTY OF COOK)

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 _____ day of _____, 19____.

My Commission Expires 7-23-96

Signature *[Signature]*
Printed _____



Residing in Cook County, Illinois

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

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