



UNOFFICIAL COPY

North American Credit Services

CORPORATE OFFICE
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Chattanooga, TN, 37421
615-894-5854

89072279

MEMBERS
American Collectors Association
Healthcare Client
Services Association
Licensed / Insured / Bonded

HOSPITAL LIEN

STATE OF Illinois, Cook COUNTY

TO THE SUPERIOR COURT AND CLERK OF SUPERIOR COURT OF SAID COUNTY:

Notice is hereby given to all persons, firms and corporations, including:

Table with 2 columns: NAME, ADDRESS. Row 1: Anna Williams, 4240 N. Clarendon Chicago, IL 60613. Row 2: Attorney at Law V. Andrew Marzel, 1 North LaSalle Suit 1000 Chicago, IL 60602.

that the Hyde Park Hospital of Chicago, Illinois has treated as a patient Anna Williams whose residence is located at 4240 N. Clarendon Chicago, Illinois and who was admitted for treatment at Hyde Park Hospital on 7/13/87 and discharged on 7/13/87 and said patient incurred charges in the amount of \$ 2,111.02 for hospital care and treatment, and Hyde Park Hospital now claims a lien on all sums and amounts, whether in property or money paid to the above named patient or his legal representative, by any person, firm or corporation, including those specifically named above, if any as settlement, as a release or as a consideration to a covenant not to sue, when said sum or amounts represent damages or compensations for the patient's injuries for which Hyde Park Hospital has rendered its services to such injuries.

The above named persons, firms or corporations, if any, are claimed by the patient or his legal representative to be liable for said injuries and such persons, firms or corporations are so listed to the best of claimant's knowledge.

Said lien is for the above amount incurred by the patient for hospital care and treatment, the said amount being claimed to be fair and reasonable charges for services rendered.

A copy of this lien will be mailed to the above named persons, firms or corporations claimed to be liable for said injuries within one day after the filing of this lien.

STATE OF Tennessee, Hamilton COUNTY

Personally appeared before the undersigned attesting officer, duly authorized by law to administer oaths, the undersigned, who on oath deposes and says that he/she is authorized to make this affidavit on behalf of Hyde Park Hospital and the statements contained in the above and foregoing lien are true to the best of his/her knowledge and belief.

BY: [Signature] FINANCIAL REPRESENTATIVE

SWORN TO AND SUBSCRIBED BEFORE ME, this 21st day of February, 1989

[Signature] NOTARY PUBLIC

COMMISSION EXPIRES MARCH 15, 1991

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PROPERTY OF COOK COUNTY CLERK'S OFFICE

RECORDING

Property of Cook County Clerk's Office

RECORDING	12.00
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CHECK	12.00
2020A000	15:54

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