

DEPT-01 RECORDING \$23.50  
 176666 TRAN 0040 09/15/95 09157:00  
 \$4999 DF \*-95-620878  
 COOK COUNTY RECORDER  
 DEPT-10 PENALTY \$20.00



PALMYRA MEDICAL CENTERS  
 2000 PALMYRA ROAD  
 ALBANY, GEORGIA 31703

P.O. Box 1908

PALMYRA PARK HOSPITAL, INC., operating a hospital under the name Palmyra Medical Centers claims a lien upon any and all causes of action accruing to EMILIO DELGADO 1038 N RIDGEWOOD DR CHICAGO, IL. 60651 (name) (address) who was admitted to said hospital on 07/19/95 and discharged on 07/29/95, or to his/her personal representative, on account of injuries giving rise to the causes of action and which necessitated the hospital care rendered patient by Palmyra Medical Centers.

The total amount due said hospital for services rendered to patient is \$27,981.05. Patient or his/her personal representative claims that:

TIMOTHY DURELL DOUGLAS of PO BOX 89555 LEESBURG, FL 34789  
 Name Address

ANTONIO DELGADO of 1503 N RIDGEWAY RD CHICAGO, IL 60651  
 Name Address

ROBERT WILBURN of 1105 KNOX HILL RD INVERNESS, FL 34450  
 Name Address

JOHN DEERE INS. CO. of NO ADDRESS AVAILABLE AT THIS TIME  
 Name Address

is/are legally liable for the injuries which necessitated the hospital services for which the sum set forth herein is due.

The undersigned, after being duly sworn by the undersigned officer who is duly authorized to administer oaths in the State of Georgia, verifies under oath that she is the Director of the Business Office of Palmyra Medical Centers and is in charge of the books and accounts of said institution and that the above is a true statement for the facts regarding the hospitalization of the above named patient as taken from the records of the PALMYRA MEDICAL CENTERS.

Palmyra Medical Centers  
 By: [Signature]

Sworn to and subscribed before me this 9th day of August, 1995.

[Signature]  
 Notary Public

[Signature]  
 Witness

Notary Public, Lee County, Georgia  
 My Commission Expires: My Commission Expires May 12, 1996

\$ 43.50  
 A.R.

\$25.50 T  
 \$20.00 P  
 \$43.50 J.H.C.

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