

## HOSPITAL LIEN

NOTICE is hereby given, as provided by the laws of the State of Alabama, that SHELBY MEDICAL CENTER whose address is 1000 First Street North, Alabaster, Alabama, claims a lien for reasonable charges for hospital care, treatment, and maintenance necessitated from injuries received by James Darron Hyde,  
(Name of Patient)

who will sometimes hereinafter be called "Patient", whose address, as it appears on the records of said Hospital is 705 Carl Raines Lake Road,  
(Street number and Street)

Birmingham, Jefferson, Alabama, 35244,  
(City) (County) (State and Zip Code)

upon any and all causes of actions, suits, claims, counterclaims, and demands accruing to the said Patient to whom such care, treatment or maintenance was furnished, or accruing to the legal representative of said patient, and upon all judgements, settlements, and settlement agreements, entered into by virtue thereof on account of injuries giving rise to such cause or causes of actions, suits, claims, counterclaims, demands, judgements, and settlement agreements which necessitated such hospital care, treatment and maintenance.

- (a) The date of admission of said patient to said Hospital being: 03 19 86.  
(b) The date of discharge of said patient from said Hospital being: 03 24 86.  
(c) The account claimed to be due for said hospital care, treatment and maintenance being: Four Thousand One Hundred Dollars (\$ 4,192.25).  
(d) The date said patient received the injuries which necessitated said hospital care, treatment and maintenance being: 03 19 86.  
(e) The County in which said patient's alleged cause of action arose is Jefferson.  
(f) The name and address of all persons, firms, or corporations claimed by said patient, or the legal representative of said patient, to be liable for damages arising from such injuries are, to the best of claimant's knowledge, as follows:

Jade Michael Holsonback  
(Name)

700 Carl Raines Lake Road  
Birmingham, Alabama 35244  
(Full Address)

James Darron Hyde  
(Name)

705 Carl Raines Lake Road  
Birmingham, Alabama 35244  
(Full Address)

## RECORDING FEES

Recording Fee \$ 2.50

(Name)

Index Fee 1.00

(Full Address)

STATE OF ALA. SHELBY CO.  
I CERTIFY THIS  
INSTRUMENT WAS FILED

1986 APR -3 AM 11:14

TOTAL \$ 3.50

SHELBY MEDICAL CENTER  
A county owned hospital

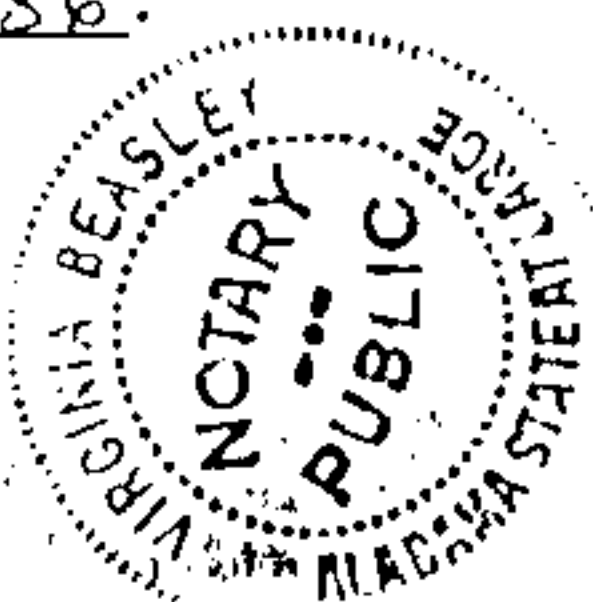
BY: [Signature]

Chief Financial Officer  
of said hospital

Before me, the undersigned, a Notary Public, in and for said county, in said state, personally appeared A. Keith Heartsill, who, being by me first duly sworn, doth depose and say: that A. Keith Heartsill is the Chief Financial Officer of SHELBY MEDICAL CENTER and has personal knowledge of the facts set forth in the foregoing statement, and that the same are true and correct.

[Signature]  
(AFFIANT)

Subscribed and sworn to before me on this the 1st day of April, 1986.



Shelby Med. Center Virginia Beasley  
P.O. Box - 488  
Alabaster, Al. 35007  
NOTARY PUBLIC  
SHELBY COUNTY  
ALABAMA