

STATE OF ALABAMA
COUNTY OF SHELBY

Notice is hereby given, as provided by the laws of the State of Alabama that CARRAWAY METHODIST MEDICAL CENTER, whose
(name of person, firm, hospital authority, or corporation)
address is 1600 CARRAWAY BOULEVARD, BIRMINGHAM, Alabama
(street) (city or town)
operating CARRAWAY METHODIST MEDICAL CENTER 1600 CARRAWAY BOULEVARD
(name of hospital) (street)
BIRMINGHAM ALA 35234 claims lien for reasonable charges for
(city or town)
hospital care, treatment and maintenance necessitated by injuries received
by DAVID CRITTENDEN of 824 SOUTH 1ST STREET, MAYFIELD
(name of patient) (street) (city or town)
KENTUCKY 42066, against all causes of action, suits, claims,
(state)
counter claims and demands accruing to the said DAVID CRITTENDEN, or
(name of patient)
his or her legal representative, and against all judgements, settlements,
and settlement agreements entered into by virtue thereof and on account
of such injuries giving rise to such causes of action, suits, claims,
counter claims, demands, judgements, settlements, or settlement agreements
and which necessitated such hospital care.

Amount claimed: ONE HUNDRED EIGHTY NINE THOUSAND, TWENTY THREE AND 50/100

Date of injury received: 05 06 1995

Date of admission into hospital: 05 06 1995

Date patient discharged from hospital: 06 26 1995

The names and addresses of all persons, firms, or corporations claimed by
such injured person, or the legal representative of such person, to be
liable for damages arising from such injuries are, to the best of the
claimant's knowledge, as follows:

DAVID CRITTENDEN 824 SOUTH 1ST STREET MAYFIELD KENTUCKY 42066

SUSAN SCHEIN CHRYSLER PLYMOUTH P.O. BOX 357 FELHAM ALA 35124

07/20/1995-19156
11:06 AM CERTIFIED

SHELBY COUNTY JUDGE OF PROBATE
001 HCD 8:50

CARRAWAY METHODIST MEDICAL CENTER
(Claimant)

Before me, DONNA C ELLENBURG, a Notary Public in and for the
County of JEFFERSON, State of Alabama, personally appeared
SANDRA SULLIVAN, the INSURANCE CLERK for the claimant,
(official capacity)

and as such has personal knowledge of the facts set forth in the foregoing
statement of lien, and that the same are true and correct.

Subscribed and sworn to before
me on this the 14 day of JULY
1995, by said affiant.

S. Sullivan
(Affiant)

Donna C Ellenburg
NOTARY PUBLIC

Date Filed: _____

Hour Filed: _____

THIS INSTRUMENT PREPARED BY
SANDRA SULLIVAN ON BEHALF OF:
CARRAWAY METHODIST MEDICAL CENTER
1600 CARRAWAY BOULEVARD
BIRMINGHAM ALA 35234