HOSPITAL LIEN

ALABAMA,	_ COUNTY
TO THE PROBATE COURT AND Notice is hereby given to all person, fi	JUDGE OF PROBATE COURT OF SAID COUNTY: irm and corporations, including:
NAME	ADDRESS
Deborah K. Petree	156 Rainy Alley, Montevallo, AL 35115
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patient <u>Deborah K. Petree</u> <u>Montevallo</u> , Al 35115 LAKESHORE REHABILITATION I 11/01/96, and discharged \$_45,252.81 for hospi REHABILITATION HOSPITAL now to the above named patient or his leg specifically named above, if any, as a said sum or amounts represent dama; LAKESHORE REHABILITATION I	CES of Birmingham, Alabama, which operates and does business as HABILITATION HOSPITAL of Birmingham, Alabama, has treated as a whose residence is located at 156 Rainy Alley and who was admitted for treatment at HEALTHSOUTH HOSPITAL, 3800 Ridgeway Drive, Birmingham, Alabama, on on 12/03/96 and said patient incurred charges in the amount of tal care and treatment, and HEATLHSOUTH LAKESHORE we claims a lien on all sums and amounts, whether in property or money, paid tal representative, by any person, firm or corporation, including those a settlement, as a release or as a consideration to a covenant not to sue, when ges of compensations for the patient's injuries for which HEALTHSOUTH HOSPITAL has rendered its services to such injuries. Ons, firms, or corporations claimed by such injuried person, or the legal cliable for damages arising from such injuries are, to the best of the claimant's
	EHABILITATION HOSPITAL BY: Slenda Cutta
claimant, and as such has personal k same are true and correct.	a Notary Public in and for the County of the
Subscribed and sworn to before me	on this the 6th day of 1917 NOTARY PUBLIC
	03/12/1997-07669
	SHELBY COUNTY JUDGE OF PROBATE OO! WEL 8.50