

STATE OF ALABAMA)

TALLADEGA COUNTY)

Baptist Health System, Inc., a corporation, files this statement in writing, verified by the oath of the undersigned person, who has personal knowledge of the facts herein set forth.

1. Baptist Health System, Inc., a corporation, is the operator of Coosa Valley Baptist Medical Center;

2. That within the last ten days the person named below as patient has been discharged from Coosa Valley Baptist Medical Center;

3. That the person named below as patient entered Coosa Valley Baptist Medical Center for hospital care, treatment and maintenance within one week after receiving injuries, as referred to below;

4. That lien is claimed upon any and all causes of actions, suits, claims, counterclaims, and demands accruing to the person to whom such care, treatment, or maintenance was furnished or accruing to the legal representative of such person, and upon all judgments, settlements, and agreements entered into by virtue thereof on account of injuries giving rise to such causes, actions, claims, counterclaims, demands, judgments, settlements, or settlement agreements and which necessitated such hospital care;

5. That this verified statement shall be filed in the office of the Judge of Probate in the county or counties in which such cause of action arose,

6. That the name and address of such patient, as it does appear on the records of said hospital, being the injured person referred to above, is as follows;

GREG COX NAME
RT.2 BOX 79 ROCKFORD, AL 35136 ADDRESS

7. That the name and location of such hospital is Coosa Valley Baptist Medical Center, 315 West Hickory Street, Sylacauga, Alabama 35150;

8. That the name and address of the operator of Coosa Valley Baptist Medical Center is the Baptist Health System, Inc., a corporation, 315 West Hickory Street, Sylacauga, Alabama 35150;

9. That the date of admission of such patient to Coosa Valley Baptist Medical Center was 12-20-97;

10. That the date of discharge of such patient from Coosa Valley Baptist Medical Center was 12-21-97;

11. That the amount claimed to be due for such hospital care is \$1,194.50;

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12. That 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, to the best of claimant's knowledge, are as follows:

OMNI INDEMNITY CO. ATLANTA, GA 30339

13. That on this date Baptist Health System, Inc., a corporation, has caused a copy of this statement to be mailed by registered mail, postage prepaid, to each person, firm or corporation so claimed to be liable on account of such injuries, at the addresses as given in this statement, and to the patient, his guardian, or personal representative at the addresses given at the time of submission, which is as shown above, on this 5th day of JANUARY 1998.

Baptist Health System, Inc.
A Corporation, Claimant
By Debra Boykin

Its PATIENT ACCOUNTS

STATE OF ALABAMA)

TALLADEGA COUNTY)

Before me, Mary S. Tinney a Notary Public in and for the County of Talladega, State of Alabama, personally appeared Debra Boykin who being duly sworn, doth depose and say, that he had personal knowledge of the facts set forth in the foregoing statement of lien, and that the same are true and correct to the best of his knowledge and belief.

Debra Boykin
Affiant

Subscribed and sworn to before me on this the 5th day of January 1998.

Mary S. Tinney
Notary Public

COOSA VALLEY BMC
315 WEST HICKORY ST
SYLACAUGA, AL 35150

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