

**Lienholder: BAPTIST HEALTH  
SYSTEM SHELBY**

**Patient: JASON L. HALL**

**Lien Amount: \$608.00**

**STATEMENT OF HOSPITAL LIEN**  
Ala.Code 35-11-371(1975)

Inst # 1998-25860

NOTICE IS HEREBY GIVEN, that BAPTIST HEALTH SYSTEM SHELBY  
Shelby, Alabama, claims a lien for its reasonable charges incurred in  
the care, treatment, and maintenance of the above patient. This lien  
is claimed upon any and all actions, claims, counterclaims, and demands  
accruing to this patient, or their legal representative, and upon all  
judgments, settlements, and settlement agreements entered into by  
virtue thereof on account of the injuries giving rise to such actions,  
claims, counterclaims, demands, judgments, settlements or settlement  
agreements, which necessitated such care, treatment or  
maintenance.

Date Injured: 03-21-98 Patients Address: \_\_\_\_\_  
Date Admitted: 03-21-98 P.O. BOX 424  
Account Numbers: 30698419 ALABASTER, AL 35007

Claimant avers upon information and belief that the following persons,  
firms or corporations are or may be claimed by the patient to be liable  
for damages arising from his/her injuries:

\*Under Alabama Code Section 35-11-371 (1975), the filing of this lien  
constitutes notice to any persons liable for such damages whether or  
not they are named herein.

  
BAPTIST HEALTH SYSTEM SHELBY

State of Alabama )  
SHELBY County )

Personally appeared before me the undersigned Notary Public in and for  
said County and State, FELISA L. CARTER who  
being known to me did execute the above Statement of Hospital Lien in  
my presence and furthermore having been first duly sworn did upon oath  
state that (s)he executed the same with full authority and as the act  
of CULLMAN REGIONAL MEDICAL CENTER.

Done this 24TH Day of JUNE, 1998.

  
Notary Public

07/08/1998-25860  
02:12 PM CERTIFIED  
SHELBY COUNTY JUDGE OF PROBATE  
001 MCD 8.50