SHELBY COUNTY JUDGE OF PROBATE

## NOTICE OF HOSPITAL LIEN MEDICAL CENTER EAST, INC.

## STATE OF ALABAMA SHELBY COUNTY

Notice is hereby given, as provided by the la	aws of the State of Alabama that MEDICAL CENTER	cu
racon tatobase address is 50 Medical P	ark East Drive, Birmingnam, Alabama, winch operates a	*
· · · · · · · · · · · · · · · · · · ·	es claims a lien for the reasonable charges of hospital care,	n st
1 1 international recognized by 1	45100 K. $40500$ CT $01.0042$ FIIQUWWY $12$	Č H
Calera, AL 35040	against all causes of action, suits, claims, counter claims  R. Hosmex or his legal representative, and against	•
and demands accruing to the said	or his legal representative, and against	
11 in James and cottlements and cettlement 20	preements entered thic by virtue thereof and on accomic or	
such injuries giving rise to such causes of a	ction, suits, claims counter claims, demands, judgments,	
settlements or settlement agreements and w	hich necessitated such nospital care.	<b>₹***</b> ,
4173290	Du = 5 - duissisme (1/25/0)	
Amount claimed: 414.00	Date of admission: 4/20/01	
4173240  Amount claimed: \$\\ \frac{414.00}{4/25/01}  Date of injury: \[ \frac{4}{25/01} \]	Date of discharge: 4/25/DI	
The names and addresses of all persons, in	ms or corporations claimed by such injured person, or the able for damages arising from such injuries are, to the best	
legal representative of such person, to be in	able for damages arising from saon injuries ,	
of the claimant's knowledge, as follows:		
<b>*</b> ***********************************	Name:	
Name:		
A damaga:	Address:	
Address:		.a
Name:	Name:	PER
Name		OF SE
Address:	Address:	一一
Addicss		哲質
	MEDICAL CENTER EAST, INC.	
	$\rightarrow 0$ $a \cdot b$	20%
	By: Desle O'exxerton	10.4
	Leslie Pennington	50
	Assistant Director of Patient Accounts	-T-
		c
Before me. TINA McCbran	, a Notary Public in and for the County of Jefferson, State of	Ī
Alsterna marganelly appeared Legite Pent	Hablod Muo delile da ille illet anta emorit mon medere min	
ear, that have he authorized representative	for the claimant, and as such has personal knowledge of the	
facts set forth in the foregoing statement of	t lien, and that the same are true and correct.	
Subscribed and sworn to before me this	day of <u></u>	
	amanclasar	
	Notary Public	
	Tina McClaran Notary Public Notary Expires	
	Notary Public My Commission Expires April 17, 2005	
	April 17, 2005	