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HOSPITAL LIEN

NOTICE is hereby given, as provided by the laws of the State of Alabama, that SHELBY MEDICAL CENTER whose address is 1000 First Street North, Alabaster, Alabama, claims a lien for reasonable charges for hospital care, treatment, and maintenance necessitated from injuries received by MARJORIE DOBBS

(Name of Patient)
who will sometimes hereinafter be called "Patient", whose address, as it appears on the records of said Hospital is P O Box 551, Cedargrove Area
(Street number and Street)
Columbiana, Shelby, Alabama 35051
(City) (County) (State and Zip Code)

upon any and all causes of actions, suits, claims, counterclaims, and demands accruing to the said Patient to whom such care, treatment or maintenance was furnished, or accruing to the legal representative of said patient, and upon all judgements, settlements, and settlement agreements, entered into by virtue thereof on account of injuries giving rise to such cause or causes of actions, suits, claims, counterclaims, demands, judgements, and settlement agreements which necessitated such hospital care, treatment and maintenance.

- (a) The date of admission of said patient to said Hospital being: May 6, 1984
(b) The date of discharge of said patient from said Hospital being: May 15, 1984
(c) The account claimed to be due for said hospital care, treatment and maintenance being: Three thousand seven hundred fifty eight Dollars (\$ 3,758.00)
(d) The date said patient received the injuries which necessitated said hospital care, treatment and maintenance being: May 6, 1984
(e) The County in which said patient's alleged cause of action arose is SHELBY
(f) The name and address of all persons, firms, or corporations claimed by said patient, or the legal representative of said patient, to be liable for damages arising from such injuries are, to the best of claimant's knowledge, as follows:

HENRY B. WELCH, Attorney
(Name)

504 Brown Marx Tower, Birmingham, AL 35203
(Full Address)

(Name)

(Full Address)

(Name)

(Full Address)

Rec'd 2.50
Jud 1.00
3.50

STATE OF ALA. SHELBY CO.
I CERTIFY THIS
INSTRUMENT WAS FILED

1984 NOV -8 AM 9:20

SHELBY MEDICAL CENTER
A county owned hospital

BY: Susan Hayes
COLLECTION COORDINATOR
of said hospital

Before me, the undersigned, a Notary Public, in and for said county, in said state, personally appeared Susan Hayes, who, being by me first duly sworn, doth depose and say: that Susan Hayes is the COLLECTION COORDINATOR of SHELBY MEDICAL CENTER and has personal knowledge of the facts set forth in the foregoing statement, and that the same are true and correct.

Susan Hayes
(AFFIANT)

Subscribed and sworn to before me on this the 1st day of November, 1984