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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 Jimmy Musso

(Name of Patient)

who will sometimes hereinafter be called "Patient", whose address, as it appears on the records of said Hospital is Route 1 Box 307C

(Street number and Street)

Sterrett

Shelby

Alabama 35147

(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: 10-16-84

(b) The date of discharge of said patient from said Hospital being: 10-22-84

(c) The account claimed to be due for said hospital care, treatment and maintenance being: Four thousand and one hundred seventy two and 25/100 Dollars (\$ 4,172.25).

(d) The date said patient received the injuries which necessitated said hospital care, treatment and maintenance being: June 2, 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:

James Larry Yarborough
(Name)

102 Berrywood, Greer, S.C. 29651
(Full Address)

(Name)

(Full Address)

(Name)

(Full Address)

RECORDING FEES

Recording Fee \$ 2.50

Index Fee 1.00

TOTAL \$ 3.50

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

1984 NOV -9 AM 10:44

Thomas A. Henderson, Jr.
JUDGE OF DECEASE

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 5th day of November, 1984

