

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 Cornelia Fridley,
(Name of Patient)

who will sometimes hereinafter be called "Patient", whose address, as it appears on the records of said Hospital is Rt. 2, Box 253,
(Street number and Street)

Montevallo, Shelby, Alabama 35115,
(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: 01 02 86.
(b) The date of discharge of said patient from said Hospital being: 01 15 86.
(c) The account claimed to be due for said hospital care, treatment and maintenance being: Nine Thousand, Nine Hundred Dollars (\$ 9,934.50).
(d) The date said patient received the injuries which necessitated said hospital care, treatment and maintenance being: 01 02 86.
(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:

Bargain Town U.S.A.
(Name)

Alabaster Shopping Center
Alabaster, Alabama 35007
(Full Address)

Cornelia Fridley
(Name)

Rt. 2, Box 253
Montevallo, Alabama 35115
(Full Address)

Great Am South Inc.
(Name)

3815 Interstate Court, Suite 202
Montgomery, Alabama 36109
(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
1986 JUN -6 AM 9:49

Thomas A. Shumaker, Jr.
JUDGE OF PROBATE

✓ SHELBY MEDICAL CENTER
A county owned hospital

BY: [Signature]

Chief Financial Officer
of said hospital

Before me, the undersigned, a Notary Public, in and for said county, in said state, personally appeared A. Keith Heartsill, who, being by me first duly sworn, doth depose and say: that A. Keith Heartsill is the Chief Financial Officer 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.

[Signature]
(AFFIANT)

Subscribed and sworn to before me on this the 3rd day of June, 19 86.



P.O. Box 488
Alabaster, AL
35007

NOTARY PUBLIC
SHELBY COUNTY
ALABAMA