STATE OF ALABAMA COUNTY OF SHELBY		
	·	89
Motice is hereby given,	as provided by the laws o	of the State of Alabama +ba+ Dane.
Carraway Medical Center	, whose address is p	.O. Box 847, Highway 11 South
Bessemer , Alabam	a, operating Bessemer Car	raway Medical Center at P.O. Box 847
Highway 11 South Besseme	r, Alabama 35021 claims a	lien for reasonable charges for hospita
care, treatment and main	tenance necessitated by in	njuries received by Charles Roy Byars
P.O. Box 115	of_Helena	Name of Patient Alabama 35080
against all causes of ac	tion, suits, claims, count	er claims and demands accruing to the
Name of Patient	$_$, or his or her legal re	presentative, and against all
Judgements, settlements, account of such injuries	and cottlement	entered into by virtue thereof and on
Amount claimed: \$1.137	00	
Date of injury received:	6/23/87	
Date patient discharged f		
person, or the legal representation such injuries are, to	esentative of such person, the best of claimant's k	rporations claimed by such injured to be liable for damages arising nowledge, as follows:
PAGE	· · · · · · · · · · · · · · · · · · ·	
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POOK A		
Before me, Elna Wyrell B	anks, a Notary Publi	in in and some some
ocace of Alabama, personal	y appeared Jack H. Pearso	the Attorney
		(Official capacity
statement of lien, and that	t the same are true and co	of the facts set forth in the following
Subscribed and sworn to be	fore	Jakore (
me on this the 23day of 1982, by said affiant.	pt	(AFFIANT)
Edna Thundl Son		
Date Filed:	STWITE OF ALLAY, SHELBY/QO. I'GERTIEY THIS HISTRUMENT WAS HIPED	AUUORDING FEES
	1987 SEP 25 AM 9: 29	Recording Fee \$2.50 Index Fee
Hour Filed:		<u> </u>
	JUDGE OF PROBATE	TOTAL \$ 3.50