

STATE OF ALABAMA
COUNTY OF SHELBY

292

ALABAMA HOSPITAL LEIN
CODE OF ALABAMA 1975, code section
35-11-370

Notice is hereby given, as provided by the laws of the State of Alabama that CARRAWAY METHODIST MEDICAL CENTER, whose
(name of person, firm, hospital authority, or corporation)
address is 1600 NO 26TH ST, BIRMINGHAM, Alabama,
(street) (city or town)
operating CARRAWAY METHODIST MEDICAL CENTER at 1600 NO 26TH ST,
(name of hospital) (street)

BIRMINGHAM claims lien for reasonable charges for
(city or town)
hospital care, treatment and maintenance necessitated by injuries received
by JENNIFER MARIE CORN of 1598 SIMMSVILLE RD, ALABASTER,
(name of patient) (street) (city or town)
ALABAMA 35007, against all causes of action, suits, claims,
(state)

counter claims and demands accruing to the said JENNIFER M. CORN, or
(name of patient)

his or her legal representative, and against all judgements, settlements,
and settlement agreements entered into by virtue thereof and on account
of such injuries giving rise to such causes of action, suits, claims,
counter claims, demands, judgements, settlements, or settlement agreements
and which necessitated such hospital care.

Amount claimed: TWENTY FIVE THOUSAND TWO HUNDRED THIRTY EIGHT AND 25/100 \$25,238.25.

Date of injury received: JANUARY 30, 1989

Date of admission into hospital: JANUARY 30, 1989

Date patient discharged from hospital: FEBRUARY 17, 1989

The names and addresses of all persons, firms, or corporations claimed by
such injured person, or the legal representative of such person, to be
liable for damages arising from such injuries are, to the best of the
claimant's knowledge, as follows:

JENNIFER M. CORN	1598 SIMMSVILLE RD	ALABASTER, AL	35007
D. LEON ASHFORD (atty)	700 CITY FEDERAL BLDG	BIRMINGHAM, AL	35203

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

89 MAR -3 PM 1:52

250
100

350

CARRAWAY METHODIST MEDICAL CENTER
(Claimant)

Before me, DONNA C. ELLENBURG, a Notary Public in and for the
County of JEFFERSON, State of Alabama, personally appeared
DONNA JUSTICE, the INSURANCE CLERK for the claimant,
(official capacity)

and as such has personal knowledge of the facts set forth in the foregoing
statement of lien, and that the same are true and correct.

Subscribed and sworn to before
me on this the 23 day of FEBRUARY
1989, by said affiant.

Donna C. Ellenburg
NOTARY PUBLIC

Donna Justice
(Affiant)

THIS INSTRUMENT PREPARED BY:
DONNA JUSTICE ON BEHALF OF
CARRAWAY METHODIST MEDICAL CENTER
1600 NO 26TH ST
BIRMINGHAM, ALABAMA 35234

Date Filed: _____
Hour Filed: _____