•	of quilliam Albert CUZZORT III of quinter of patient)
	ALABAMA 35211, again
	(state)
	counter claims and demands accr
	his or her legal representative
	and settlement agreements enter
99/	of such injuries giving rise to
PAGE 7	counter claims, demands, judgem
₹	and which necessitated such hos
<u> </u>	Amount claimed: FOURTEEN THOUSAND
<u> </u>	Date of injury received: 1-29-90
\$	Date of admission into hospital
-	Date patient discharged from ho
	The names and addresses of all
	such injured person, or the leg
	liable for damages arising from
	claimant's knowledge, as follow

	<u> </u>		- a,*		
STATE OF ALABAMA COUNTY OFSHELBY	•	836		,	
operating CARRAWAY METHON	FI MEDICAL CENTER OF THE PROPERTY OF THE PROPE	NTER al authori	ty, or co BIRMINGHAM (city o	rporation r town) er North	f Alabama , whose , Alabama,
(name of h	ospital)		(stree	τ)	•
nospital care, treatm by william Albert Cuzzor (name of patient)	ent and mai	intenance n	ecessitat E sw		ies received
ALABAMA 35211		•		ion, suits,	
(state) counter claims and de	mands accr	uing to the	said <u>will:</u> (na	IAM ALBERT CUZ Ime of patie	ZORT_BIIOr nt)
his or her legal repr	esentative	, and agair	ıst all jı	idgements, s	ettlements,
and settlement agreem	ents enter	ed into by	virtue th	ereof and o	n account
of such injuries givi	ng rise to	such cause	es of acti	ion, suits,	claims,
counter claims, demand and which necessitate				or settlemen	it agreement:
Amount claimed: <u>Fourte</u> Date of injury receiv	ed: 1-29-90	EN AND 00/10	0 (14010.00	<u> </u>	•
Date of admission into	o hospital	: 1-29-90	-90	······································	· · · · · · · · · · · · · · · · · · ·
The names and address				corporations	claimed by

resses of all on, or the legal representative of such person, to be s arising from such injuries are, to the best of the dge, as follows:

916 COTTON AVE SW

STATE WITTEN THIS	
SIATE UN ALLEY THIS I CERTIFY THIS INSTRUMENT WAS T	250
90FEB 13 AMIII	39
90120	1650 - 150 -
JUUGE OF PROBA	CARRAWAY METHODIST MEDICAL CENTER (Claimant)
Before me, DONNA C. ELLE	NBURG , a Notary Public in and for the
County of JEFFERSON	. State of Alabama, personally appeared
DANA CHAMBLESS	the INSURANCE CLERK for the claimant,
	(official capacity)
and as such has person	al knowledge of the facts set forth in the foregoing

statement of lien, and that the same are true and comrect.

Subscribed and sworn to before me on this the g day of FEBRUARY

1990, by said affiant. Ellerbus PUBLIC

THIS INSTRUMENT PREPARED BY: DANA CHAMBLESS ON BEHALF OF CARRAWAY METHODIST MEDICAL CENTER 1600 26TH STREET NORTH

35234

BIRMINGHAM AL 35211

BIRMINGHAM, ALABAMA

Date Filed:____

WILLIAM ALBERT CUZZORT III

Hour Filed:_