

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 26TH STREET NORTH, BIRMINGHAM, Alabama,
(street) (city or town)
operating CARRAWAY METHODIST MEDICAL CENTER at 1600 26TH STREET NORTH,
(name of hospital) (street)
BIRMINGHAM, ALABAMA 35234 claims lien for reasonable charges for
(city or town)
hospital care, treatment and maintenance necessitated by injuries received
by JARRELL B. ROBINSON of BOX 838 HWY 35, PELHAM,
(name of patient) (street) (city or town)
AL 35124, against all causes of action, suits, claims,
(state)
counter claims and demands accruing to the said JARRELL B. ROBINSON, 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: FIFTY-EIGHT THOUSAND, TWO HUNDRED EIGHTEEN DOLLARS & THIRTY CENTS.
Date of injury received: 11/30/90.
Date of admission into hospital: 11/30/90.
Date patient discharged from hospital: 1/22/91.

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:

JARRELL B. ROBINSON BOX 838 HWY 35 PELHAM, AL 35124

STATE FARM INSURANCE P.O. BOX 94097 BIRMINGHAM, AL 35220

MARCEL DRUGS (OUT OF BUSINESS) PELHAM, ALABAMA 35124

STATE SEAL
I CERTIFY THIS
INSTRUMENT WAS FILED

91 JUL 16 AM 9:51

JUDGE OF PROBATE

Rec 2.50
Jud 3.00
Cert 1.00
6.50

CARRAWAY METHODIST MEDICAL CENTER
(Claimant)

Before me, DONNA ELLENBURG, a Notary Public in and for the
County of JEFFERSON, State of Alabama, personally appeared
PAM HOLCOMBE, 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 2 day of JULY
1991, by said affiant.

Donna Ellenburg
NOTARY PUBLIC

Pam Holcombe
(Affiant)

THIS INSTRUMENT PREPARED BY PAM HOLCOMBE
ON BEHALF OF CARRAWAY METHODIST MEDICAL
CENTER 1600 26TH STREET NORTH
BIRMINGHAM, AL 35234

Date Filed: _____
Hour Filed: _____