STATE OF ALABAMA
COUNTY OF SHELBY.

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Notice is hereby given, as provided by the laws of the State of Alabama that CARRAWAY METHODIST MEDICAL CENTER (name of person, firm, hospital authority, or corporation), whose address is 1600 26TH STREET NORTH (street), BIRMINGHAM (city or town), Alabama, operating CARRAWAY METHODIST MEDICAL CENTER (name of hospital) at 1600 26TH STREET NORTH (street), BIRMINGHAM, AL 35234 (city or town) claims lien for reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by TIMOTHY ALLEN ZIMMERLE (name of patient) of 8093 COUNTY ROAD 45 STERRETT (street), AL 35417 (city or town), ALABAMA, 35417 (state), against all causes of action, suits, claims, counter claims and demands accruing to the said TIMOTHY ALLEN ZIMMERLE (name of patient), or 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: $13,992.40 THIRTEEN THOUSAND NINE HUNDRED NINETY TWO DOLLARS AND FOURTY CENTS.
Date of injury received: 02-14-91.
Date of admission into hospital: 02-14-91.
Date patient discharged from hospital: 02-22-91.

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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:

TIMOTHY ALLEN ZIMMERLE 8093 COUNTY ROAD 45 STERRETT, AL 35417

FRANK HARRIS & ASSOCIATES, INC. P.O. BOX 543 BIRMINGHAM, AL 35201
EMOND & VINES LAW OFFICES 1900 DANIEL BUILDING P.O. BOX 10008 B'HAM, AL 35202-0008

I CERTIFY THIS INSTRUMENT WAS FILED
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JUDGE OF PROBATE

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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 (official capacity) for the claimant, 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 7 day of August 1991, by said affiant.

Donna C 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: