

3985

HOSPITAL LIEN

NOTICE is hereby given, as provided by the laws of the State of Alabama, that SHELBY MEDICAL CENTER whose address is 1000 First Street North, Alabaster, Alabama, claims a lien for reasonable charges for hospital care, treatment, and maintenance necessitated from injuries received by

David A. Holloman who will sometimes
(Name of Patient)

hereinafter be called "Patient", whose address, as it appears on the records of said Hospital is Rt. 3, Box 11A
(Street Name & No.)

Montevallo Shelby
(City) (County)

Alabama 35115 upon any and all causes of
(State and Zip Code)

actions, suits, claims, counterclaims, and demands accruing to the said Patient to whom such care, treatment or maintenance was furnished, or accruing to the legal representative of said patient, and upon all judgements, settlements, and settlement agreements, entered into by virtue thereof on account of injuries giving rise to such cause or causes of actions, suits, claims, counterclaims, demands, judgements, and settlement agreements which necessitated such hospital care, treatment and maintenance.

(a) The date of admission of said patient to said Hospital being 07/08/91

(b) The date of discharge of said patient from said Hospital being 07/08/91

(c) The account claimed to be due for said hospital care, treatment and maintenance being ONE THOUSAND FOUR HUNDRED FOURTY NINE AND NO CENTS Dollars(\$1,449.00).

(d) The date said patient received the injuries which necessitated said hospital care, treatment and maintenance being 07/08/91

(e) The County in which said patient's alleged cause of action arose is Shelby

(f) The name and address of all persons, firms, or corporations claimed by said patient, or the legal representative of said patient, to be liable for damages arising from such injuries are, to the best of claimant's knowledge, as follows:

David Holloman (Name) (Full Address)

(Name) (Full Address)

SHELBY MEDICAL
CENTER

SHELBY MEDICAL CENTER
A county owned hospital

BY: Janice C. Gill
Controller of said hospital

Before me, the undersigned, a Notary Public, in and for said county, in said state, personally appeared Janice Gill, who, being by me first duly sworn, doth depose and say: that Janice Gill is the Controller of SHELBY MEDICAL CENTER and has personal knowledge of the facts set forth in the foregoing statement, and that the same are true and correct.

Janice C. Gill
(Affiant)

Subscribed and sworn to before me on this the 20th day of August, 1991.

Virginia Beasley
NOTARY PUBLIC
SHELBY COUNTY
ALABAMA

MY COMMISSION EXPIRES: 5-11-93

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