Notice is hereby given, as provided by the laws of the Sta	
that CARRAWAY METHODIST MEDICAL CENTER (name of person, firm, hospital authority, or corporati	, whose
address is 1600 N 26th STREET BIRMINGHAM (street) (city or town)	, Alabama,
operating <u>CARRAWAY METHODIST MED CENTER</u> at 1600 N 26th STREET (name of hospital) (street)	
BIRMINGHAM Claims lien for reasonable (city or town)	charges for
hospital care, treatment and maintenance necessitated by i	njuries received
by KATHRYN ANN GAMELIN of P 0 BOX 152 .VINCENT (name of patient) (street) .VINCENT	or town)
ALABAMA, against all causes of action, su (state)	its, claims,
counter claims and demands accruing to the said KATHRYN ANN G	
his or her legal representative, and against all judgement	
and settlement agreements entered into by virtue thereof and of such injuries giving rise to such causes of action, suit	
counter claims, demands, judgements, settlements, or settle	
and which necessitated such hospital care.	
Amount claimed: SEVENTY THOUSAND TWO HUNDRED NINTEEN AND 80/100	
Date of injury received: AUGUST 8, 1991 Date of admission into hospital: AUGUST 8, 1991	+
Date patient discharged from hospital: SEPTEMBER 17, 1991	*
The names and addresses of all persons, firms, or corporat	ions claimed by
such injured person, or the legal representative of such pe	erson, to be
liable for damages arising from such injuries are, to the l	best of the
Claimant's knowledge, as follows: RATHRYN ANN GAMELIN POBOX 152 VINCENT, A	AI 25170
73	ML 33170
and the state of the first of the state of t	
O STORMENT WAS	
GI HU! I	
CARRAWAY METHODIST MED. CEI	NTED
JUDGE OF PROSERVE (Claimant)	MILK .
Before me, <u>DONNA C ELLENBURG</u> , a Notary Public in and fo	or the
County of JEFFERSON , State of Alabama, personally ag	ppeared
County of <u>JEFFERSON</u> , State of Alabama, personally ap	F F
FRANCES JONES , the INSURANCE CLERK for (official capacity)	•
FRANCES JONES , the INSURANCE CLERK for (official capacity) and as such has personal knowledge of the facts set forth	r the claimant,
FRANCES JONES , the INSURANCE CLERK for (Official capacity) and as such has personal knowledge of the facts set forth statement of lien, and that the same are true and correct.	r the claimant, in the foregoing
FRANCES JONES , the INSURANCE CLERK for (official capacity) and as such has personal knowledge of the facts set forth	r the claimant, in the foregoing
FRANCES JONES , the INSURANCE CLERK for (Official capacity) and as such has personal knowledge of the facts set forth statement of lien, and that the same are true and correct. Subscribed and sworn to before me on this the 5 day of NOVEMBER (Affiant) 19_91 by said affiant.	r the claimant, in the foregoing
FRANCES JONES , the INSURANCE CLERK (official capacity) and as such has personal knowledge of the facts set forth statement of lien, and that the same are true and correct. Subscribed and sworn to before (Affiant)	r the claimant, in the foregoing O() PARED BY HALF OF
FRANCES JONES , the INSURANCE CLERK for (Official capacity) and as such has personal knowledge of the facts set forth statement of lien, and that the same are true and correct. Subscribed and sworn to before me on this the 5 day of NOVEMBER (Affiant) 19 9 by said affiant. THIS INSTRUMENT PREFERENCES JONES ON BEH	r the claimant, in the foregoing OSO PARED BY HALF OF MEDICAL CENTER