

STATE OF ALABAMA)

TALLADEGA COUNTY)

Sylacauga Health Care Authority, a corporation, files this statement in writing, verified by the oath of the undersigned person, who has personal knowledge of the facts herein set forth.

1. The Sylacauga Health Care Authority, a corporation, is the operator of Coosa Valley Medical Center;

2. That within the last ten days the person named below as patient has been discharged from Coosa Valley Medical Center;

3. That the person named below as patient entered Coosa Valley Medical Center for hospital care, treatment and maintenance within one week after receiving injuries, as referred to below;

4. That lien is claimed upon any and all causes of actions, suits, claims, counterclaims, and demands accruing to the person to whom such care, treatment, or maintenance was furnished or accruing to the legal representative of such person, and upon all judgments, settlements and settlement agreements entered into by virtue thereof on account of injuries giving rise to such causes, actions, suits, claims, counterclaims, demands, judgments, settlements, or settlement agreements and which necessitated such hospital care;

5. That this verified statement shall be filed in the office of the Judge of Probate in the county or counties in which such cause of action arose;

6. That the name and address of such patient, as it does appear on the records of said hospital, being the injured person referred to above, is as follows:

Charles Harry Name
483 Old Cedar Creek Rd. Sylacauga, Al 35150 Address

7. That the name and location of such hospital is Coosa Valley Medical Center, 315 West Hickory Street, Sylacauga, Alabama 35150;

8. That the name and address of the operator of Coosa Valley Medical Center is the Sylacauga Health Care Authority, a corporation, 315 West Hickory Street, Sylacauga, Alabama 35150;

9. That the date of admission of such patient to Coosa Valley Medical Center was 07-05-92;

10. That the date of discharge of such patient from Coosa Valley Medical Center was 07-08-92;

11. That the amount claimed to be due for such hospital care is \$ 1800.00;

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12. That 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, to the best of claimant's knowledge, are as follows:

13. That on this date Sylacauga Health Care Authority, a corporation, has caused a copy of this statement to be mailed by registered mail, postage prepaid, to each person, firm or corporation so claimed to be liable on account of such injuries, at the addresses as given in this statement, and to the patient, his guardian, or personal representative at the addresses given at the time of submission, which is as shown above, on this 13 day of July, 1992.

Sylacauga Health Care Authority,
A Corporation, Claimant

By Dot Rudd

Its Patient Accounts Supervisor

STATE OF ALABAMA)

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TALLADEGA COUNTY)

Before me, Mary S. Tinney, a Notary Public in and for the County of Talladega, State of Alabama, personally appeared Dot Rudd, who being duly sworn, doth depose and say; that he has personal knowledge of the facts set forth in the foregoing statement of lien, and that the same are true and correct to the best of his knowledge and belief.

Dot Rudd
Affiant.

Subscribed and sworn to before me on this the 13th day of July, 1992.

Mary S. Tinney
Notary Public

07/20/1992-14474
11:19 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
002 MCD 9.00