COUNTY OF Shelby
Notice is hereby given, as provided by the laws of the State of Alabama that Bessemer Carraway Medical Center, whose address if P.O. Box 847, Highway 11 South, Bessemer, Alabama, operating Bessemer Carraway Medical Center at P.O. Box 847 Highway 11 South Bessemer, Alabama 35021 claims a lien for reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by Janise Apperson 19204 Hwy 25 of Columbiana, Alabama, 35051
Name of Patient against all causes, suits, claims, counter claims and demands accuring to the said Janise Apperson, or his or her legal representative, and against all Name of Patient 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 demands judgements and which necessitated such hospital care.
Amount claimed: \$290.00 #152731451
Date of injury received: 05/14/93
Date of admission into hospital: $05/14/93$
Date of patient discharged from hospital: $05/14/93$
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 claimant's knowledge, as follows: Janise Apperson
19204 Hwy 25
Columbiana, AL 35051
Bessemer Carraway Medical Center
Before me, Edna Wynell Banks , a Notary Public in and for the County of Jefferson State of Alabama, personally appeared Jack H. Pearson, the Attorney (official Capacity) for the claimant, and as such has personal knowledge of the facts set forth in the following statement of lien, and that the same are true and correct. Subscribed on sworn to before me on this the 24 day of May 19 93 , by said affiant. (CLAIMANT) (AFFIANT)
Colyall Sanh

STATE OF ALABAMA

Hour filed:____

Inst # 1993-15054

05/25/1993-15054
01:04 PM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 MCD 6.50