

STATE OF ALABAMA  
COUNTY OF Shelby

Notice is hereby given, as provided by the laws of the State of Alabama that Bessemer Carraway Medical Center, whose address is 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

Loretta Kennard 2505 12th Ct. NO. of Bessemer, Alabama, 35020

Name of Patient

against all causes, suits, claims, counter claims and demands accruing to the said Loretta Kennard, 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: \$502.00 #152817870

Date of injury received: 09/19/93

Date of admission into hospital: 09/22/93

Date of patient discharged from hospital: 09/22/93

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:

Loretta Kennard

2505 12th Ct. No.

Bessemer, AL 35020

Bessemer Carraway Medical Center

(CLAIMANT)

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 29 day of September

19 93, by said affiant.

Jack H. Pearson  
(AFFIANT)

Edna Wynell Banks  
NOTARY PUBLIC

This Lien is filed according to Section 35-11-371 of the Code of Alabama. If any party has a question about this Lien, they should contact the office of Jack H. Pearson at (205)481-7423

Date filed: \_\_\_\_\_

Hour filed: \_\_\_\_\_

Inst # 1993-30593

Revised 08/03/93

10/05/1993-30593  
10:04 AM CERTIFIED  
SHELBY COUNTY JUDGE OF PROBATE  
DDE MCB 6.50