

CLAIM FORM FOR COMPANY OR ORGANIZATION

STATE OF ALABAMA)
)
COUNTY OF SHELBY)

CASE NO. 32-140

The undersigned, CARRAWAY METHODIST MEDICAL CENTER, hereinafter referred to as claimant, herewith presents and files their claim against the Estate of CAROLYN THERESA GALLO, deceased, for and on account of the following described indebtedness owing by said Estate of Claimant, viz:

ACCOUNT NUMBER: 26044297
DATES OF SERVICE: 10/02/1993 THRU 10/08/1993
AMOUNT OF CHARGES: \$52,797.00
(FIFTY TWO THOUSAND, SEVEN HUNDRED NINETY SEVEN AND 00/100)

Inst # 1993-39837

12/13/1993-39837
11:56 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 HJS 8.50

STATE OF ALABAMA)
)
COUNTY OF JEFFERSON)

Before me, the undersigned authority in and for said County in said State, personally appeared SANDRA SULLIVAN, who being first duly sworn, says that (s)he is INSURANCE CLERK of CARRAWAY METHODIST MEDICAL CENTER, the claimant, and that (s)he has full and complete knowledge of the correctness of the above claim against the Estate of CAROLYN THERESA GALLO, deceased, and the amount claimed is justly due (or to become due), and after allowing all proper credits.

Sandra Sullivan
Signature of Authorized Personnel for Claimant

1600 26TH ST NO, BHAM ALA 35234
Address

Subscribed and sworn to before me this 8 day of NOVEMBER, 19 93.

Dana Ellenburg
Notary Public