STATE OF ALABAMA COUNTY OF <u>SHELBY</u> .	DUANE ARTHUR LOVELADY 26049874
• <u>SACLDI</u>	
Notice is hereby given, as provide	ed by the laws of the State of Alabama
that CARRAWAY METHODIST MEDICAL CENTER	, "
(name of person, firm, hospita address is 1600 CARRAWAY BLVD	, <u>BIRMINGHAM</u> , Alabama,
(street)	(city or town)
operating CARRAWAY METHODIST MEDICAL CE (name of hospital)	ENTER <sub>at</sub> 1600 CARRAWAY BLVD, (street)
	· · · · · · · · · · · · · · · · · · ·
(city or town)	aims lien for reasonable charges for
hospital care, treatment and main	tenance necessitated by injuries received
·	61 DODD ROAD BESSEMER
(name of patient)	
ALABAMA 35203 against (state)	all causes of action, suits, claims,
counter claims and demands accrui	ng to the said DUANE LOVELADY, or (name of patient)
his or her legal representative,	and against all judgements, settlements,
	into by virtue thereof and on account
	uch causes of action, suits, claims,
	its, settlements, or settlement agreement:
and which necessitated such hospi	
Amount claimed: FOURTEEN THOUSAND,	
Date of injury received: 06 21 1	
Date of admission into hospital:_	06 21 1994
Date patient discharged from hosp	oital: <u>06 24 1994</u>
The names and addresses of all pe	ersons, firms, or corporations claimed by
	representative of such person, to be
The state of the s	such injuries are, to the best of the
claimant's knowledge, as follows:	
DUANE ARTHUR LOVELADY 3961 DODD F	
	1994-21775
	07/11/1994-21775
	OG.AP PH CERIATION
· · · · · · · · · · · · · · · · · · ·	SHELBY COUNTY SUBCE OF PROPERTY
! !	CARRAWAY METHODIST MEDICAL CENTER
	(Claimant)
Before me, DONNA C ELLENBURG	a Notary Public in and for the
Country of JEFFERSON , State	e of Alabama, personally appeared
	INSURANCE CLERK for the claimant,
	NSURANCE CIERK for the claimant, (official capacity)
and as such has personal knowledg	ge of the facts set forth in the foregoin
statement of lien, and that the	same are true and correct.
Subscribed and sworn to before	A Author
me on this the 7 day of July	(Affiant)
1994), by said affiant.	
1 Drove ( Aller Prive	THIS INSTRUMENT PREPARED BY
NOTARY PUBLIC	SANDRA SULLIVAN ON BEHALF OF:
\	CARRAWAY METHODIST MEDICAL CENTER 1600 CARRAWAY BLVD
	BIRMINGHAM ALA 35234
Date Filed:	

Hour Filed: