COUNTY of Shelby	
Notice is hereby given, as provided by the laws of the Carraway Medical Center, whose address of P. O. Box 847 Alabama, operating Bessemer Carraway Medical Center at South Bessemer, Alabama 35021 claims a Lien for reasonal treatment and maintenance necessitated by injuries rece	, Highway II South, Bessemer, P. O. Box 847 Highway 11 ble charges for hospital care,
Jeffory Hale of 22349 Trace Road	McCalla , Alabama 3511
Name of Patient against all causes, suits, claims, counter claims and d Jeffory Hale Name of Patient	emands accuring to the said entative, and against all
Judgements, Settlements, and Settlement Agreements ente on account of such injuries giving rise to such causes mands, judgements and which necessitated such hospital	of action, suits, claims de-
Amount claimed: \$859.00	
Date of injury received: 09/27/94 Date of admission into hospital: 09/28/94 Date of patient discharged from hospital: 09/28/94	
The names and addresses of all persons, firms or corpor person, or the legal representative of such person, to from such injuries are, to the best of Claimant's knowl	be liable for damages arising
Jeffory Hale	
22349 Trace Road	
McCalla, AL 35111	
Bess	semer Carraway Medical Center (Claimant)
Before me, Edna Wynell Banks , a Notary Public i Jefferson State of Alabama, personally appeared Jack H.	in and for the County of Pearson, the Attorney (official Capacity)
for the Claimant, and as such has personal knowledge of following statement of Lien, and that the same are true	the facts set forth in the and correct.
Subscribed on sworn to before	mass sterison -
me on this the <u>3</u> day of <u>October</u>	(Affiant)
19 <u>94</u> , by said Affiant.	
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 con-
Date filed:	tact the office of
Hour Filed:	Jack H. Pearson at 514 (205)481-7423)

10/06/1994-30514 01:37 PM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 8,50 OD! HEL

STATE of ALABAMA