

Lienholder: Shelby Medical Center	STATEMENT OF HOSPITAL LIEN
Patient: Tina L. Broadhead	
Lien Amount: \$5,886.05	P.O. Box 488, Alabaster, Al Ala. Code 35-11-371 (1975) 35007

NOTICE IS HEREBY GIVEN, that Shelby Medical Center - 1000 1st St. No., Alabaster, Alabama, claims a lien for its reasonable charges incurred in the care, treatment, and maintenance of the above patient. This lien is claimed upon any and all actions, claims, counterclaims, and demands accruing to this patient, or their legal representative, and upon all judgments, settlements, and settlement agreements entered into by virtue thereof on account of the injuries giving rise to such actions, claims, counterclaims, demands, judgments, settlements or settlement agreements, which necessitated such care, treatment or maintenance.

Date Injured: 04/19/94 Patients Address: _____
 Date Admitted: 04/19/94 P.O. Box 348
 Date Discharged: 10/20/94 Calera, Al. 35006-9027

Claimant avers upon information and belief that the following persons, firms or corporations are or may be claimed by the patient to be liable for damages arising from his injuries:

Universal Adjusters
 P.O. Box 2500
 Thomasville, Georgia 31792

*Under Alabama Code Section 35-11-371 (1975), the filing of this lien constitutes notice to any persons liable for such damages whether or not they are named herein.

Lore Swindall, Director
 Shelby Medical Center

State of Alabama)
 Shelby County)

Personally appeared before me the undersigned Notary Public in and for said County and State, Lore Swindall who being known to me did execute the above Statement of Hospital Lien in my presence and furthermore having been first duly sworn did upon oath state that (s)he executed the same with full authority and as the act of Shelby Medical Center

Done this 15 day of Jan, 1996.

Pat Odgers
 Notary Public

6/9/96

Inst # 1996-01297

01/16/1996-01297
 08:30 AM CERTIFIED
 SHELBY COUNTY JUDGE OF PROBATE
 001 MCD 8.50