	by the laws of the State of Alabama 💂
that CARRAWAY METHODIST MEDICAL C	CENTER . whose
(name of person, firm, hospital address is 1600 CARRAWAY BOULEVARD	authority, or corporation •
(street)	City or town), Alabama,
operating CARRAWAY METHODIST MEDICAL CEN	- · · · · · · · · · · · · · · · · · · ·
D154444504444 44 4	ms lien for reasonable charges for
(city or town)	E
hośpital care, treatment and mainte	nance necessitated by injuries received
by JOHNNY R SMITH OF 659	10TH AVE P.O. BOX 659 CLAERA
	treet) (city or town)
ALABAMA 35040 , against a	Il causes of action, suits, claims.
(state)	A A MOUNTAIN DE CATTU
	to the said <u>JOHNNY R SMITH</u> , or <u>(name of patient)</u>
his or her legal representative, an	d against all judgements, settlements,
and settlement agreements entered i	nto by virtue thereof and on account
of such injuries giving rise to suc	h causes of action, suits, claims,
counter claims, demands, judgements	, settlements, or settlement agreements
and which necessitated such hospitā	
Amount claimed: SIXTY FIVE THOUSAND, SEV	ENTY THREE AND 00/100
Date of injury received: 12 21 199	
Date of admission into hospital:	12 21 1995
Date patient discharged from hospit	
The names and addresses of all none	one firms on consensations at the day
	ons, firms, or corporations claimed by
is seen this and because of the tedat t	BUTBUBLIE TO BE BUTBUBLE OF THE BEST OF THE BEST OF THE BUTBUBLE OF THE BUTBUB
liable for damages anicing from suc	epresentative of such person, to be
liable for damages arising from suc	h injuries are, to the best of the
liable for damages arising from suc claimant's knowledge, as follows:	h injuries are, to the best of the
liable for damages arising from suc	h injuries are, to the best of the
liable for damages arising from succlaimant's knowledge, as follows:	h injuries are, to the best of the
liable for damages arising from succlaimant's knowledge, as follows:	h injuries are, to the best of the BOX 659 CALERA ALA 35040
liable for damages arising from succlaimant's knowledge, as follows:	BOX 659 CALERA ALA 35040
liable for damages arising from succlaimant's knowledge, as follows:	h injuries are, to the best of the  BOX 659 CALERA ALA 35040
liable for damages arising from succlaimant's knowledge, as follows:	BOX 659 CALERA ALA 35040  BOX 659 CALERA ALA 35040  U1/82/1996-02150  O1107 PM CERTIFIED  SELIN COUNTY NOTE FROMTE
iliable for damages arising from succlaimant's knowledge, as follows:  JOHNNY R SMITH 659 10TH AVE P.O.	BOX 659 CALERA ALA 35040  U1/82/1996-0215U  U1/82/1996-0215U  O1-07 PM CERTIFIED  SELECTION SECTION SE
iliable for damages arising from succlaimant's knowledge, as follows:  JOHNNY R SMITH 659 10TH AVE P.O.	BOX 659 CALERA ALA 35040  BOX 659 CALERA ALA 35040  U1/82/1996-02150  O1 107 PM CERTIFIED  GARRAMON APTHODIST MEDICAL CENTER  (Claimant)
Before me, DONNA C ELLENBURG, a	BOX 659 CALERA ALA 35040  BOX 659 CALERA ALA 35040  U1/92/1996-02150  U1/92/1996-02150  O1/07 PM CERTIFIED  GARAMON METIODIST MEDICAL CENTER  (Claimant)  Notary Public in and for the
Before me, DONNA C ELLENBURG, a State o	BOX 659 CALERA ALA 35040  U1/82/1996-02150  U1/82/1996-02150  O1/07 PH CERTIFIED  SALE COMMIT HE PROMITE  SALE COMMIT HE SALE  CARRAHMA PUBLIC In and for the of Alabama, personally appeared
Before me, DONNA C ELLENBURG, a State o	BOX 659 CALERA ALA 35040  BOX 659 CALERA ALA 35040  U1/92/1996-02150  U1/92/1996-02150  O1/07 PM CERTIFIED  GARAMON METIODIST MEDICAL CENTER  (Claimant)  Notary Public in and for the
Before me, DONNA C ELLENBURG, a State o  SANDRA SULLIVAN, the IN-	BOX 659 CALERA ALA 35040  BOX 659 CALERA ALA 35040  U1/82/1996-0215U  O1/07 PH CERTIFIED  O1/07 PH CERTIFIED  OARRAWOR METIODIST MEDICAL CENTER  (Claimant)  Notary Public in and for the of Alabama, personally appeared  NSURANCE CLERK for the claimant, official capacity)
Before me, DONNA C ELLENBURG, a State o  SANDRA SULLIVAN, the IN  and as such has personal, knowledge	BOX 659 CALERA ALA 35040  BOX 659 CALERA ALA 35040  U1/02/1996-02150  O1:07 PM CERTIFIED  O1:07 PM CERTIFI
Before me, DONNA C ELLENBURG, a County of JEFFERSON, the INCOMING AND SULLIVAN the Incoming and as such has personal knowledge statement of lien, and that the same	BOX 659 CALERA ALA 35040  BOX 659 CALERA ALA 35040  U1/02/1996-02150  O1:07 PM CERTIFIED  O1:07 PM CERTIFI
Before me, DONNA C ELLENBURG, a County of JEFFERSON, the INCOMPANDE SANDRA SULLIVAN the Incompany to the same Subscribed and sworn to before	BOX 659 CALERA ALA 35040  CARRAMMA PROPERTY SERVICES  CARRAMMA PRINCIPLES MEDICAL CENTER  (Claimant)  Notary Public in and for the of Alabama, personally appeared  NSURANCE CLERK for the claimant, of the facts set forth in the foregoing the are true and correct.
Before me, DONNA C ELLENBURG, a County of JEFFERSON, the INCOMING AND SULLIVAN the Incoming and as such has personal knowledge statement of lien, and that the same	BOX 659 CALERA ALA 35040  BOX 659 CALERA ALA 35040  U1/02/1996-02150  O1:07 PM CERTIFIED  O1:07 PM CERTIFI
Before me, DONNA C ELLENBURG, a County of JEFFERSON, State of SANDRA SULLIVAN, the INCOming and as such has personal knowledge statement of lien, and that the same Subscribed and sworn to before me on this the 16 day of JAN 19 96 by said affiant.	BOX 659 CALERA ALA 35040  CARRAMMA PROPERTY SERVICES  CARRAMMA PRINCIPLES MEDICAL CENTER  (Claimant)  Notary Public in and for the of Alabama, personally appeared  NSURANCE CLERK for the claimant, of the facts set forth in the foregoing the are true and correct.
Before me, DONNA C ELLENBURG, a County of JEFFERSON, the INCOMPANDE SANDRA SULLIVAN the Incompany to the same Subscribed and sworn to before	BOX 659 CALERA ALA 35040  CARRAMMA PROPERTY SERVICES  CARRAMMA PRINCIPLES MEDICAL CENTER  (Claimant)  Notary Public in and for the of Alabama, personally appeared  NSURANCE CLERK for the claimant, of the facts set forth in the foregoing the are true and correct.
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Before me, DONNA C ELLENBURG, a County of JEFFERSON, State of SANDRA SULLIVAN, the Income on this the 16 day of JAN 19 g6 by said affiant.	BOX 659 CALERA ALA 35040  BOX 659 CALERA ALA 35040  U1/82/1996-02150  U1/82/1996-02150  U1/82/1996-02150  O1-07 PM CERTIFED  O1
Before me, DONNA C ELLENBURG, a County of JEFFERSON, State of SANDRA SULLIVAN, the INCOming and as such has personal knowledge statement of lien, and that the same Subscribed and sworn to before me on this the 16 day of JAN 19 96 by said affiant.	BOX 659 CALERA ALA 35040  BOX 659 CALERA ALA 35040  CARRAMON PETIODIST MEDICAL CENTER  CARRAMON PETIODIST MEDICAL CENTER  CIALWAY  NOTATION OF THE CIALWANT  OF THE CIALWANT  THIS INSTRUMENT PREPARED BY SANDRA SULLIVAN ON BEIMLF OF: CARRAWAY METHODIST MEDICAL CENTER