

Lienholder: Baptist Health  
Systems

Patient: TIMOTHY COLE

Lien Amount: \$5,272.00

STATEMENT OF HOSPITAL LIEN

Ala. Code 35-11-371 (1975)

NOTICE IS HEREBY GIVEN, that Baptist Medical Center - SHELBY Birmingham, 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: 07-22-97 Patients Address: \_\_\_\_\_  
Date Admitted: 07-22-97 6337 ASHWOOD CIRCLE  
Date Discharged: 07-22-97 MONTGOMERY, AL 36108-5705

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:

\*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.

Felisa L. Carter  
Baptist Health Systems-SHELBY

State of Alabama )  
SHELBY County )

Personally appeared before me the undersigned Notary Public in and for said County and State, FELISA L. CARTER 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 Baptist Health Systems.

Done this 13th day of January, 1998.

Renee Kowalek  
Notary Public

02/04/1998-03641  
09:54 AM CERTIFIED  
SHELBY COUNTY JUDGE OF PROBATE  
001 HCD 8.50

Inst # 1998-03641