

Lienholder: SHELBY BAPTIST MEDICAL CENTER  Patient: MARQUIS POSTELL  Lien Amount: \$1101.00	STATEMENT OF HOSPITAL LIEN Ala.Code 35-11-371 (1975)
--	---

66692-8661 JAS

NOTICE IS HEREBY GIVEN, that SHELBY BAPTIST MEDICAL CENTER of 800 Montclair Road, 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 OF ACCIDENT: 06/26/98

Patients Address:

Patient Account Number(s)  
30943294 & 30945653

P O BOX 587  
MONTEVALLO, AL 35115

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/her 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.

*Renee Korreckt*  
SHELBY BAPTIST MEDICAL CENTER

State of Alabama )  
JEFFERSON COUNTY )

Personally appeared before me the undersigned Notary Public in and for said County and State, RENEE KORRECKT 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 she executed the same with full authority and as the act of SHELBY BAPTIST MEDICAL CENTER.

Done this 9TH DAY OF JULY, 1998.

*Sandra L. Short*  
Notary Public

07/16/1998-26999  
10:21 AM CERTIFIED  
SHELBY COUNTY JUDGE OF PROBATE  
001 MCD 8.50