

Lienholder: Baptist Health System, Inc. Patient: FRANK D PEOPLES Lien Amount: \$6,732.85	STATEMENT OF HOSPITAL LIEN Ala.Code 35-11-371(1975)
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NOTICE IS HEREBY GIVEN, that Baptist Medical Center - SHELBY - Shelby County, 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: 02/23/96 Patients Address: _____
 Date Admitted: 02/23/96 P. O. Box 34
9 Accts from 2/96-11/6/97 Brierfield, Al. 35035-0034

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:

UNKNOWN AT THIS TIME - MR PEOPLE'S ATTY:
 JUDY SISSON
 2131 Magnolia Ave.
 Birmingham, Al. 35205
 Phone#: 205-328-2200 or 328-7000

*Under Alabama Code Section 35-11-37 (1975), the filing of this lien constitutes notice to any persons liable for such damages whether or not they are named herein.


 Baptist Health Systems-Shelby

State of Alabama)
 SHELBY County)

Personally appeared before me the undersigned Notary Public in and for said County and State, SANDRA L. SHORT 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 20TH day of JULY, 1998.


 Notary Public

08/24/1998-32704
 08:43 AM CERTIFIED
 SHELBY COUNTY JUDGE OF PROBATE
 001 CRH 8.50

08/24/1998-32704
 Ins. # 1998-32704