

Lienholder: Baptist Health
Systems SHELBY

Patient: PHILLIP H HOWTON

Lien Amount: \$ 1,640.00

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: 11-02-98 Patients Address:
Date Admitted: 11-10-98 408 DUSTY HOLLOW ROAD
Account Number: 31332760 COLUMBIANA, AL 35051-9576
31280803

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:

ATTORNEY: WILLIAM SINIARD JR. INSURANCE: GROCERS INSURANCE
1736 OXMOOR RD SUITE 201
BIRMINGHAM, AL 35209

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

Brenda Rowe
Legal Coordinator

State of Alabama)
JEFFERSON County)

Personally appeared before me the undersigned Notary Public in and for said County and State, BRENDA A ROWE 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 8th day of APRIL, 1999

Renee K. Overholt
Notary Public

Inst # 1999-17199

04/23/1999-17199
10:42 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 CRH 8.50