Lienholder: Baptist Health Systems SHELBY Patient: MARVIN JONES Lien Amount: $ 7,560.00	STATEMENT OF HOSPITAL LIEN Ala. Code 35-11 371(1975)

NOTICE IS HEREBY GIVEN, that Baptist Medical Center - SHELBY ALABASTER, 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: 12-29-98 Patients Address:

Date Admitted: 12-29-98 295 HIGHWAY 307

Account Number: 31397822 SHELBY, ALABAMA 35143-5624

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 P. POWERS
P.O. BOX 1626
COLUMBIANA, AL 35051

INSURANCE: ALLSTATE INSURANCE
PO BOX 360901
BIRMINGHAM, AL 35236
CL# 1844810273

*Under Alabama Codes 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 18th day of MAY, 1999

Sandra L. Shock
NOTARY PUBLIC

Inst # 1999-22667

06/01/1999-22667
09:43 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 MMS 8.50