

Lienholder BAPTIST HEALTH SYSTEM, SHELBY	STATEMENT OF HOSPITAL LIEN
PATIENT: BILLIE R LUCAS AMOUNT: \$16,898.56	ALA. CODE 35-11-371(1975)

Inst # 2000-17980

NOTICE IS HEREBY GIVEN, that BAPTIST HEALTH SYSTEM, SHELBY, LOCATED IN ALABASTER, AL, 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.

DOS:

ACCOUNT NUMBER

PATIENT ADDRESS:

09/21/1999

32089161

P.O. Box 63 Wilton, AL 351870063

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:

INS: GEICO

1 GEICO PLAZA

WASHINGTON, DC 20076

ATTORNEY: CLARK & SCOTT P.C. 3500 BLUE LAKE DRIVE
SUITE 350 BIRMINGHAM, AL 35243

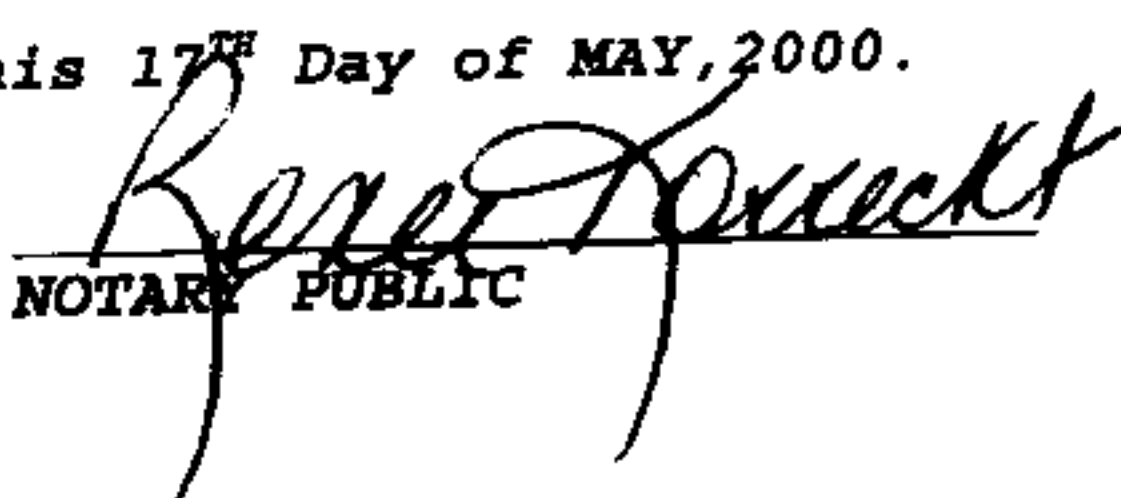
*Under Alabama Code Section 35-11-371 (1975), the filing of this lien constitutes notice to any persons liable for such damages whether or not they are named herein.


Baptist Health System, Inc.

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 SYSTEM.

Done this 17TH Day of MAY, 2000.


NOTARY PUBLIC

06/01/2000-17980
11:46 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 MEL 8.50