

SATISFACTION OF HOSPITAL LIEN

STATE OF ALABAMA:
SHELBY COUNTY :

RECORDED:
BOOK:
PAGE:
INSTR#: 2000-00399

KNOW ALL MEN BY THESE PRESENTS, THAT THE UNDERSIGNED, **SANDRA L. SHORT**, LEGAL COORDINATOR AT BAPTIST HEALTH SYSTEM, INC., SHELBY FACILITY, ACKNOWLEDGES FULL PAYMENT OF THE INDEBTNESS SECURED BY THAT CERTAIN HOSPITAL LIEN AGAINST **MARY L. DAVIS**, IN THE AMOUNT OF **\$486.00** RECORDED IN THE OFFICES OF THE JUDGE OF PROBATE OF **SHELBY** COUNTY, ALABAMA, AND THE UNDERSIGNED DOES FURTHER HEREBY RELEASE AND SATISFY SAID LIEN.

IN WITNESS WHEREOF, THE UNDERSIGNED **SANDRA L. SHORT** HAS CAUSED THESE PRESENTS TO BE EXECUTED THIS 18TH DAY OF MAY, 2000.
SHELBY ACCOUNT/S: 31825276

BY:


LEGAL COORDINATOR

STATE OF ALABAMA :
JEFFERSON COUNTY :

CORPORATE ACKNOWLEDGEMENT

I, THE UNDERSIGNED, A **NOTARY PUBLIC** IN AND FOR SAID COUNTY AND SAID STATE, HEREBY ACKNOWLEDGE THAT **SANDRA SHORT** WHOSE NAME AS LEGAL COORDINATOR A DULY APPOINTED AGENT OF **BAPTIST HEALTH SYSTEM, INC.**, A CORPORATION, IS SIGNED TO THE FOREGOING INSTRUMENT, AND WHO IS KNOWN TO ME, ACKNOWLEDGED BEFORE ME ON THIS DAY THAT, BEING INFORMED OF THE CONTENTS OF THE INSTRUMENT, SHE, AS SUCH AGENT AND WITH FULL AUTHORITY, EXECUTED THE SAME VOLUNTARILY FOR AND AS THE ACT OF SAID CORPORATION.

GIVEN UNDER MY HAND AND OFFICIAL SEAL THIS 18TH DAY OF MAY, 2000.

SEAL


NOTARY PUBLIC

06/06/2000-18642
10:31 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE

002 NWS 11.00

Inst # 2000-18642

Lienholder: Baptist Health System, Inc. Patient: MARY L. DAVIS Lien Amount: \$486.00	STATEMENT OF HOSPITAL LIEN Ala. Code 35-11-371(1975)
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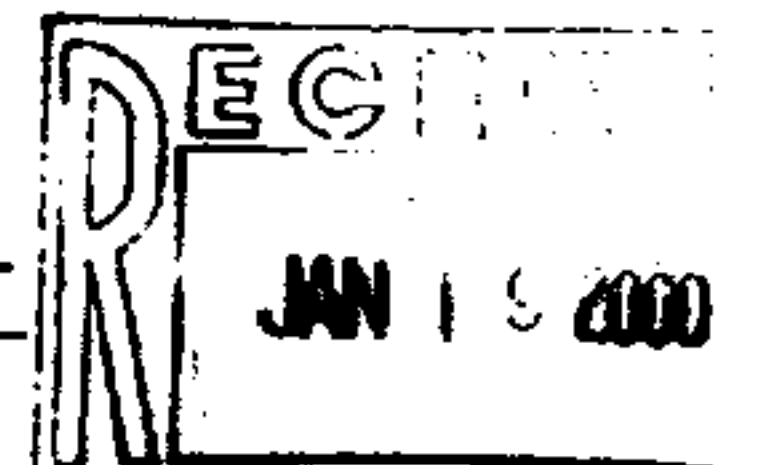
Inst # 2000-00399

NOTICE IS HEREBY GIVEN, that Baptist Medical Center - SHELBY facility, in 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: 06/12/99
 Acct# 31825276 \$486.00
 Date Admitted: 06/12/99

Patients Address: _____
 305 Greenpark South

Pelham, Al. 35124-4336



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:

Unknown at this time - Infinity Insurance Co.
 Attorney James Smith - 825 Parkplace Tower 2001 Parkplace No.
 Birmingham, Al. 35203

*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 hereth.

Sandra L. Short
 Baptist Health System, Inc.

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 System, Inc.

Done this 15th day of December 1999.

Brenda Ann Rowe
 Notary Public

01/05/2000-00399
 09:43 AM CERTIFIED

Inst # 2000-18642

SHELBY COUNTY JUDGE OF PROBATE
 001 HNS 8.50

06/06/2000-18642
 10:31 AM CERTIFIED
 SHELBY COUNTY JUDGE OF PROBATE
 002 HNS 11.00