NOTICE OF HOSPITAL LIEN MEDICAL CENTER EAST, INC.

STATE OF ALABAMA SHELBY COUNTY

		A CENTER
1	and a provided by the la	ws of the State of Alabama that MEDICAL CENTER ork Fast Drive, Birmingham, Alabama, which operates a
	Notice is neredy given, as provided of the	rk East Drive, Birmingham, Alabama, which operates a
	EAST BYC. Whose address is no intended a	rk East Drive, Birmingham, Maddans, Section of Lo. Dox 224
	hospital of the same name at the same addition	ss, claims a lien for the reasonable charges of hospitals, so the charges of hospitals of the charges of the charges of hospitals of the charges of the char
- 3	treatment and maintenance received by 111	the all courses of action, suits, claims, counter claims
	MARCELL HC 2017	— Saa III - Lie logal representative, and against
	and demands accruing to the said I moth	against all causes of detion, starting against and against or his legal representative, and against and against entered into by virtue thereof and on account of
	and demands settlements and settlement ag	reements entered into by virtue thereof and on account of tion, suits, claims counter claims, demands, judgments,
	all judgments, settlements to such causes of ac	tion, suits, claims counter claims, demands, judgments, sich necessitated such hospital care.
· .	such injuries giving rise to such causes of ac settlements or settlement agreements and wh	nich necessitated such hospital care.
	settlements or settlement agreements and	•
المتعاديات المستعدد	300	Date of admission: <u>\argamma 29-00</u>
# AIAS	Amount claimed: \$550.00	Date of discharge: 6-29-00
· . ·	Date of injury: <u>6-29-00</u>	
		ns or corporations claimed by such injured person, or the ble for damages arising from such injuries are, to the best
	The names and addresses of all persons, fire	ns or corporations claimed by such injuries are to the best
	the names and the of such person, to be lia	hs or corporations claimed by such injuries are, to the best ble for damages arising from such injuries are, to the best
	of the claimant's knowledge, as follows:	
	of the claimant's knowledge, as follows	
		Name:
· []	Name: LAKnowa	
		A Admongs
	Address:	_ Address:
	Name:	Name:
	Address:	_ Address:
	Addicss	
		- · · · · · · · · · · · · · · · · · · ·
		MEDICAL CENTER EAST, INC.
· · · · · · · · ·		By Kollid Verrisetan
•		Leslie Pennington
		Assistant Director of Patient Accounts
•		
	Before me TINIA McClaraN	, a Notary Public in and for the County of John denose and
	Before me, TINA McClara, a Notary Public in and for the County of Jefferson, State of Alabama, personally appeared Leslie Pennington, who being by me first duly sworn, doth depose and Alabama, personally appeared Leslie Pennington, who being by me first duly sworn, doth depose and Alabama, personally appeared Leslie Pennington, who being by me first duly sworn, doth depose and	
	Alabama, personally appeared representative for the claimant, and as such has personal knowledge of the	
•	Alabama, personally appeared Leslie Pennington, who being by me hist dury strong. Alabama, personally appeared Leslie Pennington, who being by me hist dury strong that he is he authorized representative for the claimant, and as such has personal knowledge of the say that he is he authorized representative for the claimant, and as such has personal knowledge of the facts set forth in the foregoing statement of lien, and that the same are true and correct.	
	facts set forth in the foregoing statement of	$= \frac{1}{2} \operatorname{day of} \left(\frac{1}{2} \right) \left(\frac{1}{2} \right) = \frac{2000}{2}$
	facts set forth in the foregoing statement of Subscribed and sworn to before me this	<u></u>
	• · · · · · · · · · · · · · · · · · · ·	$\mathcal{L}_{1} \propto \Delta \Omega_{1} \Omega_{2} \Omega_{3} \Omega_{4} \Omega_{1} \Omega_{3} \Omega_{4} \Omega_{4} \Omega_{5} \Omega_{$
	•	COMMENTAL CONTRACTOR C

Notary Public

Tina McClaran Notary Public My Commission Expires April 17, 2001

07/07/2000-22699
10:26 AM CERTIFIED
SHELDY COUNTY JUDGE OF PROBATE
901 NW6 8.50