LIENHOLDER: CULLMAN REGIONAL MEDICAL CENTER	STATEMENT OF HOSPITAL LIEN
GUARANTOR: KATHY ALBRIGHT PATIENT: AMANDA M MCDOWELL	ALA.CODE 35-11-371(1975)
LIEN AMOUNT $5,235.00	

NOTICE IS HEREBY GIVEN, that CULLMAN REGIONAL MEDICAL CENTER, CULLMAN, 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 ADMITTED 10/14/1999 PATIENTS ADDRESS: 923 COUNTY RD 1635
ACCT # 8634818 CULLMAN, AL 35058

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:
Insurance: NATIONWIDE 7434 AL HWY 157 CULLMAN, AL 35057-6979

ATTORNEY: BLAKE WEST 422 3RD AVE SE CULLMAN, AL 35055
*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.

Brenda Ann Rowe
Legal Coordinator, Baptist Health System

State of Alabama)
JEFFERSON COUNTY)

Personally appeared before me the undersigned Notary Public in and for said County and State, BRENDA ANN 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 6TH Day of JULY, 2000.

Sandra L. Short
Notary Public

Inst # 2000-23377

07/12/2000-23377
10:10 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 CJ1 8.50