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

MOTICE IS HEREBY GIVEN, that CULIMAN REGIONAL MEDICAL CENTER, CULIMAN, 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

Claiment 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: MATIONWIDE 7434 AL HWY 157 CULLMAN, AL 35057-6979

ATTORNEY: BLAKE WEST 422 3 D 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.

Legal Coordinator, Saptist Health System

State of Alabama )
JEFFERSON COUNTY )

Personally appeared before me the undersigned Motary Public in and for said County and State, RRENDA 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 phis 6 Day of JULY, 2000.

Motary Public

Inst . 2000-23377

07/12/2000-23377
10:10 AM CERTIFIED
MELNY COUNTY JUNE OF PRODATE
8.50