


Lienholder: Baptist Health System, Inc. Patient: Brenda F Blake Lien Amount: \$110,532.20	<div style="text-align: center;">  STATEMENT OF HOSPITAL LIEN Ala. Code 35-11-371(1975) </div>

NOTICE IS HEREBY GIVEN, that BAPTIST HEALTH SYSTEM, in BIRMINGHAM, 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:
7/13/00

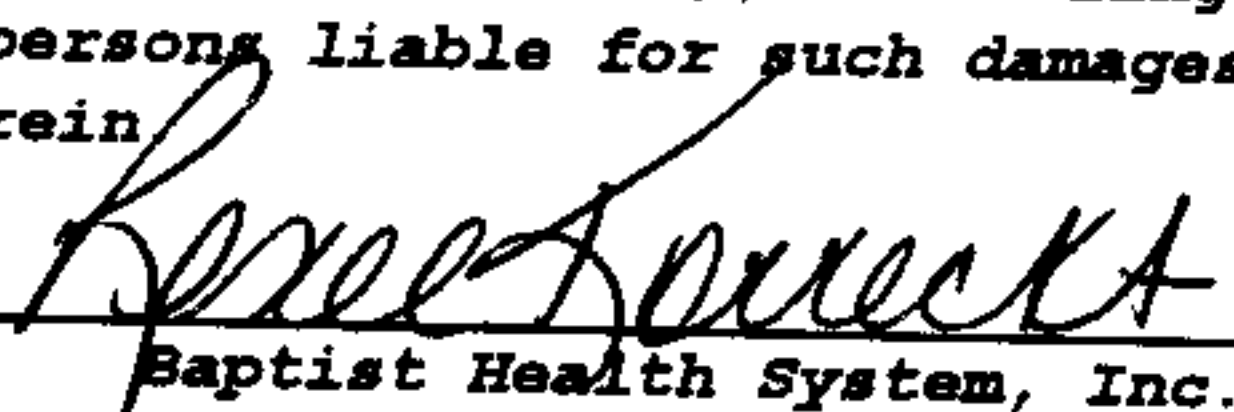
Patients Address:
5823 Eastern Valley Rd
McCalla, Al 35111

Acct #(s)
58579517 admit date 10/09/00 \$ 5,119.00
58229907 admit date 7/13/00 105,413.20

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

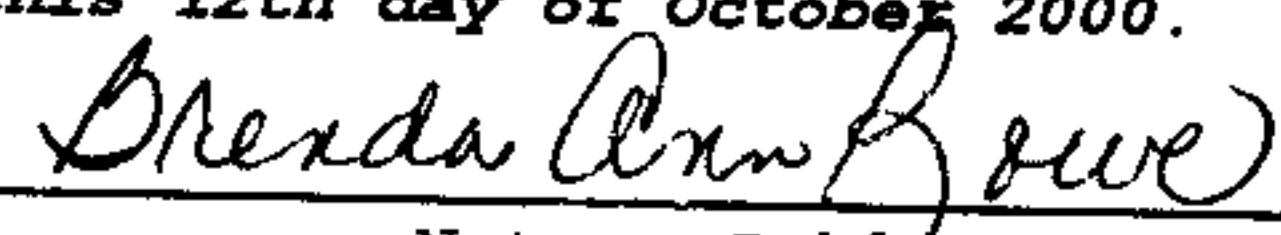
*Under Alabama Code Section 35-11-37 (1975), the filing of this lien constitutes notice to any persons liable for such damages whether or not they are named herein


Baptist Health System, Inc.

State of Alabama)
JEFFERSON COUNTY

Personally appeared before me the undersigned Notary Public in and for said County and State, RENEE KORRECKT 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 12th day of October 2000.


Notary Public

Inst # 2000-39590

Cc: Brenda Blake

11/15/2000-39590
09:09 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 NMB 11.00