

Lienholder BAPTIST HEALTH SYSTEM, INC.	STATEMENT OF HOSPITAL LIEN
PATIENT: HELWA M IBRAHIM AMOUNT: \$14,553.00	ALA. CODE 35-11-371(1975)

NOTICE IS HEREBY GIVEN, that BAPTIST HEALTH SYSTEM, SHELBY, LOCATED IN ALABASTER, AL, 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.

ADMITTED: 09/19/00 #33062639
09/20/00 #33065277

PATIENT ADDRESS: 2023 APT F
VESTAVIA PARK COURT BHAM AL 35216

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

*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.


Baptist Health System, Inc.

State of Alabama)
COUNTY OF JEFFERSON)

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 14TH Day of NOVEMBER 2000.


NOTARY PUBLIC

Cc: Charles Boohaker 1905 14th Ave S Bham AL 35205
CC: Helwa M Ibrahim

Inst # 2000-41335

12/01/2000-41335
09:05 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 CJ1 11.00