

Lienholder BAPTIST HEALTH SYSTEM, INC.	STATEMENT OF HOSPITAL LIEN
PATIENT: Noe Gomez AMOUNT: \$9,067.00	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: 07/31/2000
Acct # 32919912

PATIENT ADDRESS: 509 Tuscaloosa Road
Thorsby, AL. 35171

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.

Brenda Ann Rowe
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 30th Day OF NOVEMBER, 2000.

Angela S. Cain
NOTARY PUBLIC

Cc: Noe Gomez 509 Tuscaloosa Road Thorsby, AL 35171
CC: Marco Gonzales, Attorney at Law 128 1st Street South Alabaster, AL 35007

Inst # 2000-44895

12/27/2000-44895
01:16 PM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 CJ1 11.00