

Lienholder BAPTIST HEALTH SYSTEM, INC.	STATEMENT OF HOSPITAL LIEN
PATIENT: CLARENCE SIMMONS AMOUNT: \$2229.00	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.

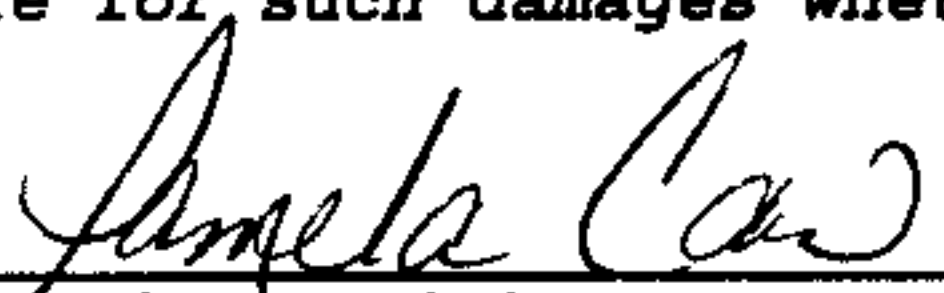
ADMITTED: 01/01/01
ACCOUNT # 33344854

PATIENT ADDRESS: 10 LONG MEADOW RD
MAYLENE, AL 35114

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, PAMELA CAIN 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 18th Day of JANUARY, 2001.


NOTARY PUBLIC

CC: BUBBA GREEN ATTORNEY P O BOX 878 ALABASTER, AL 35007

Inst # 2001-03031

01/29/2001-03031
10:07 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 MMB 11.00