


<b>Lienholder: Baptist Health System, Inc.</b>  <b>Patient: CHERYL BLANTON</b> <b>Lien Amount: \$192.34</b>	<p align="center"><b>AMENDED</b></p> <p align="center"><b>STATEMENT OF HOSPITAL LIEN</b></p> <p align="center">Ala.Code 35-11-371(1975)</p>

NOTICE IS HEREBY GIVEN, that Baptist Health System, Inc. PRINCETON facility in 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.

Patient Address: 1024 4<sup>TH</sup> COURT W BIRMINGHAM, AL 35204  
Date of Injury: 6/23/00  
ACCOUNT # 58159344P & 58187345P

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:

\*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 26TH day of January, 2001

  
Notary Public

Inst # 2001-04517

02/08/2001-04517  
09:51 AM CERTIFIED

SHELBY COUNTY JUDGE OF PROBATE

001 MMB 11.00