NOTICE OF HOSPITAL LIEN MEDICAL CENTER EAST, INC.

Notice is hereby given, as provided by the laws of the State of Alabama that MEDICAL CENTER

STATE OF ALABAMA SHELBY COUNTY

EAST, INC. whose address is 50 Medical Pa	ark East Drive, Birmingham, Alabama, which operates a
hospital of the same name at the same addre	ss, claims a lien for the reasonable charges of hospital care,
treatment and maintenance received by Ki	ckey Stinson of 342 River Bend
Lane Lincoln, AL. 35096	against all causes of action, suits, claims, counter claims
and demands accruing to the said Ricky	Stinson or his legal representative, and against
all judgments, settlements and settlement ag	reements entered into by virtue thereof and on account of
such injuries giving rise to such causes of ac	tion, suits, claims counter claims, demands, judgments,
settlements or settlement agreements and wh	nich necessitated such hospital care.
4177604	
Amount claimed: 4630.00	Date of admission: $6-6-01$
Date of injury: $6-5-01$	Date of discharge: 6-6-0/
The names and addresses of all persons, firm	ns or corporations claimed by such injured person, or the
legal representative of such person, to be lia	ble for damages arising from such injuries are, to the best
of the claimant's knowledge, as follows:	
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Name: NationWide Ins	Name:
Claim# 77017207828-060501	105t + 2001-24883
Address: 4100 Colonnade PKYY	Address:
Ste. 150 BhamAL. 35243	
Name: Brian Wellman	Name: 06/18/2001-24883
	CERTIFIED
Address: 105 Kingsley Rd.	Address: SHELBY COUNTY JUDGE OF PRODUCT
Alabaster, AL 35007	001 CJ1 11.00
	MEDICAL CENTER-EAST, INC.
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	By Fesled Versitors
	Leslie Pennington
	Assistant Director of Patient Accounts
Before me, TINA Mc Claran,	a Notary Public in and for the County of Jefferson, State of
Alabama, personally appeared Leslie Penni	ngton, who being by me first duly sworn, doth depose and
say that he is he authorized representative for	or the claimant, and as such has personal knowledge of the
facts set forth in the foregoing statement of	lien, and that the same are true and correct.
Subscribed and sworn to before me this day of, 20_01.	
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	<u>una Me Claran</u>
	Notary Public

Tina McClaran Notary Public My Commission Expires April 17, 200 5