

Lienholder: Baptist Health  
System, Inc.  
GUARANTOR - Ronald Clingan  
Patient: Ronald Clingan

Lien Amount: \$1102.00

STATEMENT OF HOSPITAL LIEN  
Ala.Code 35-11-371(1975)

NOTICE IS HEREBY GIVEN, that Baptist Health System Inc in BIRMINGHAM, 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: 15 Dusty Way Lot 11, Harpersville, AL 35078

DATE OF INJURY : 1/20/2002

ACCT #(S): [REDACTED] DATE OF SERVICE 01/24/2002

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.

Beth Merchant McGaughy  
Baptist Health System, Inc.

State of Alabama )  
Jefferson County )

Personally appeared before me the undersigned Notary Public in and for said County and State, BETH MERCHANT MCGAUGHY 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 14<sup>th</sup> day of March, 2002

Renee Horvath  
Notary Public  
Commission expires 2-7-05

Cc: Ronald Clingan  
State Farm Insurance; CLM # 0161322-361

Inst # 2002-14072

03/26/2002-14072  
09:39 AM CERTIFIED  
SHELBY COUNTY JUDGE OF PROBATE

001 CH

11