

## NOTICE OF HOSPITAL LIEN ST CLAIR REGIONAL HOSPTIAL

2805 Dr. John Haynes Dr. Pell City, AL 35125

## STATE OF ALABAMA SHELBY COUNTY

	aws of the State of Alabama that ST CLAIR REGIONAL
	Haynes Dr.; Pell City, Alabama, which operates a
	ess, claims a lien for the reasonable charges of hospital care,
treatment and maintenance received by <u>JC</u>	ison M= Rae of 3109A 5144 Auc
NOTTO DIMINAMAN AL 35201	against all causes of action, suits, claims, counter claims
	or his legal representative, and against
	greements entered into by virtue thereof and on account of
	ction, suits, claims counter claims, demands, judgments,
settlements or settlement agreements and wi	hich necessitated such hospital care.
Amount claimed: \$59400 Date of injury: 9-11-02	Date of admission: 9-11-02
Date of injury: 4-11-02	Date of discharge: 9-11-02
•	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:	
$O_1 \cdot 11$	
Name: Susan Chilton	Name:
	_ <del>_</del>
Address: 3109A 57th Hue N	Address:
Address: 3109A 57th Awe N Bham, al 35207 Name:	
Name:	Name:
<del></del>	<del></del>
Address:	Address:
<del></del>	
	ST. CLAIR REGIONAL HOSPTIAL
	By: taye all all
	Faye Estock
	Business Office Manager
Before me A Kish number boilt.	a Notary Public in and for the County of Jefferson, State of
<b>)</b>	who being by me first duly sworn, doth depose and say
that she is the authorized representative for the claimant, and as such has personal knowledge of the	
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facts set forth in the foregoing statement of lien, and that the same are true and correct.  Subscribed and sworn to before me this 100 day of 2000, 2000.	
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	Notary Public I I Notary Public
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