

<b>Lienholder: Baptist Health System, Inc.</b> <b>GUARANTOR : Amanda T. Mims</b> <b>PATIENT : Amanda T. Mims</b> <b>Lien Amount: \$368.00</b>	<b>STATEMENT OF HOSPITAL LIEN</b> <b>Ala.Code 35-11-371(1975)</b>

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 : 2821 Stewartville Road Sylacauga, AL 35150

Date of Service: 12/24/02

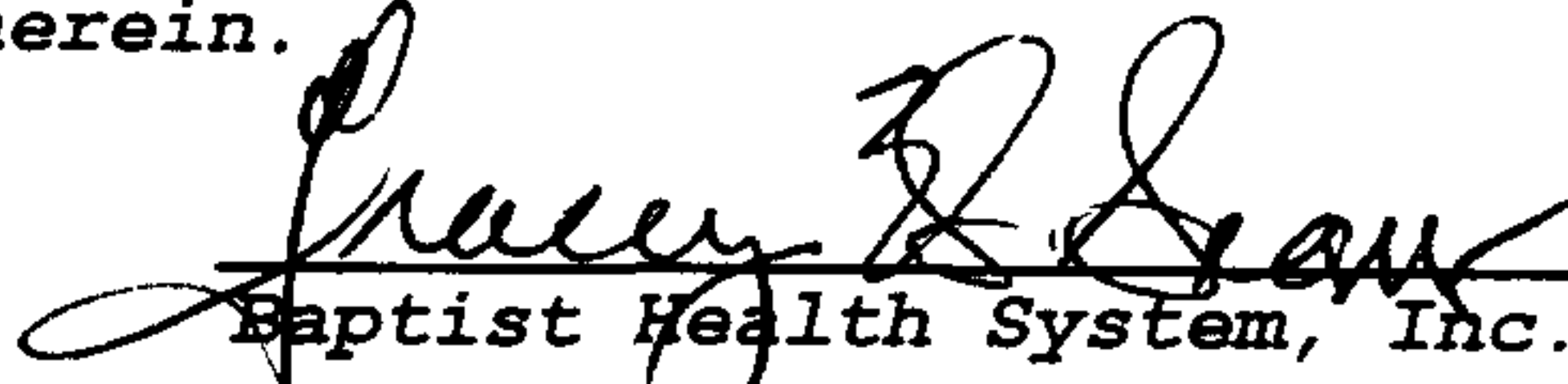
Account(s) : 75345249 (COOSA VALLEY)

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

\*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.

Prepared by:

  
Baptist Health System, Inc.  
800 Montclair Road  
Birmingham, AL 35202

State of Alabama )  
Jefferson County )

Personally appeared before me the undersigned Notary Public in and for said County and State, Tracey W. Sears 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 17<sup>TH</sup> day of January, 2003

  
Notary Public Commission Expires 6-7-06

CC: Amanda T. Mims

STATE FARM INSURANCE (CLAIM#) 016407137