

NOTICE OF HOSPITAL LIEN

EASTERN HEALTH SYSTEM, INC. D.B.A. MEDICAL CENTER EAST 50 Medical Park East Drive, Birmingham, AL 35235

STATE OF ALABAMA
SHELBY COUNTY

SYSTE Birmin for the Thon against then settlem causes	is hereby given, as provided by the laws of EM, INC. D.B.A. MEDICAL CENTER EASigham, Alabama, which operates a hospital or reasonable charges of hospital care, treatments all causes of action, suits, claims, counter claims are agreements entered into by virtue thereof action, suits, claims counter claims, demandents and which necessitated such hospital care.	of the same name at the same address of the same name at the same address of the same name at the same address of and demands accruing to the satistive, and against all judgments, settlements, judgments, settlements or settlements or settlements.	East Drive, s, claims a lien AL 3512 6 aid tlements and ring rise to such
519897	Amount claimed: 657.07	Date of admission: 318/2003 Date of discharge: 31/8/2003	3/20/2003 3/21/2003
legal re	mes and addresses of all persons, firms or co presentative of such person, to be liable for claimant's knowledge, as follows:		
_	Name: State Farm Insurance Claim# 016427917 Address: P.O. Box 830852 Birmingham, AL 35283-085 Name: Michael Schreiberg		
_	Address: 1173 Benwick Rd	Address:	
	Hoover, AL 35242 Name:	Name:	
- A	Address:	Address:	
Alabam that she	By:	y Public in and for the County of Jef being by me first duly sworn, doth of nant, and as such has personal knowled that the same are true and correct. I LULLA, 2003	ferson, State of depose and say