

## NOTICE OF HOSPITAL LIEN ST CLAIR REGIONAL HOSPTIAL

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

## STATE OF ALABAMA SHELBY COUNTY

Notice is hereby given, as provided by the laws of the State of Alabama that ST CLAIR REGIONAL	
HOSPITAL whose address is 2805 Dr. John Haynes Dr.; Pell City, Alabama, which operates a	
<del>-</del>	ess, claims a lien for the reasonable charges of hospital care,
	ra Norman of 1225 Hwy 468
Vincent AL 35178	against all causes of action, suits, claims, counter claims
	Norman 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 w	hich necessitated such hospital care.
107750	
Amount claimed: \$611.00	Date of admission: 818 2003
Date of injury: 8 12 2003	Date of discharge: 8 18 2003
The names and addresses of all persons, firm	ms or corporations claimed by such injured person, or the
legal representative of such person, to be lia	able for damages arising from such injuries are, to the best
of the claimant's knowledge, as follows:	
Name:	Name:
<del></del>	
Address:	Address:
<del></del>	
Name:	Name:
Address:	Address:
<del></del>	
	ST. CLAIR REGIONAL HOSPTIAL
	By: <u>Gmamelanan</u>
	Tina McClaran
	Support Services Manager
Before me. 1915 Dun Darbour.	a Notary Public in and for the County of Jefferson, State of
Alabama, personally appeared Tina McClaran, 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	
facts set forth in the foregoing statement of lien, and that the same are true and correct.  Subscribed and sworn to before me this 20th day of 10th 10th, 20th.	
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Notary Public	
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