



CLAIM OF LIEN FOR HOSPITAL CARE, TREATMENT  
AND MAINTENANCE

STATE OF ALABAMA

SHELBY COUNTY

LINDA ANN HALL  
1119 BROADWAY ST  
ASHFORD AL 36312

And all those against whom this claim may be lawfully made.

You will take notice that a lien is claimed for all reasonable charges for hospital care, treatment and maintenance of the injured person who entered the hospital named below receiving injuries at the place and date described below as provided under provisions of Section 370 of Title 35 of the Code of Alabama of 1975.

The claimant is the Southeast Alabama Medical Center on the Ross Clark Circle in Dothan, Houston County, Alabama and which Hospital is now being operated by the Houston County Healthcare Authority a public corporation.

The name and address of the patient as appears on the records of said Hospital is as Follows:

LINDA ANN HALL  
1119 BROADWAY ST  
ASHFORD AL 36312

The date of admission and discharge of said patient from said hospital is as follows:

Date of Admission: FEBRUARY 18, 2004 Discharged: FEBRUARY 18, 2004

The amount claimed by said hospital: \$1,390.50

The date and place of accident or incident, which caused injuries:

Date of accident: FEBRUARY 18, 2004

Place of accident: SHELBY COUNTY, ALABAMA

To the best of claimant knowledge the name and address of all persons, firms or corporations claimed by such injured persons or the legal representative of such person will be liable for damages arising from said injuries are as follows:

Name: LINDA ANN HALL  
Address: 119 BROADWAY ST  
ASHFORD AL 36312

Name: UNKNOWN  
Address: NKNOWN

ACCOUNT: 2389435

STATE OF ALABAMA

HOUSTON COUNTY

✓ SOUTHEAST ALABAMA MEDICAL CENTER  
OPERATED BY HOUSTON COUNTY  
HEALTHCARE AUTHORITY, A PUBLIC  
CORPORATION.

P.O. BOX 6987  
DOTHAN, ALABAMA, 36302

BY: Miriam Hubbard  
MIRIAM HUBBARD  
PATIENT ACCOUNTS MANAGER

Before me, the undersigned authority, personally appeared Miriam Hubbard, as Manager of Patient Accounts of the Southeast Alabama Medical Center, operated by Houston County Healthcare Authority, a public corporation, who being by me first duly sworn, deposes and says that she is informed and verily believes that the above and foregoing is true and correct and on such information and belief states the same to be correct and further that Miriam Hubbard is authorized to make this oath.

BY: Miriam Hubbard  
MIRIAM HUBBARD  
PATIENT ACCOUNTS MANAGER

Sworn to and subscribed before me this the 24<sup>TH</sup> DAY OF FEBRUARY 2004.

BY: Brenda J Proctor  
Notary Public  
My Commission Expires, November 28, 2005