


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

STATE OF ALABAMA
Shelby COUNTY


20040420000203610 Pg 1/1 11.00
Shelby Cnty Judge of Probate, AL
04/20/2004 10:05:00 FILED/CERTIFIED

Notice is hereby given, as provided by the laws of the State of Alabama that EASTERN HEALTH SYSTEM, INC. D.B.A. MEDICAL CENTER EAST, whose address is 50 Medical Park East Drive, Birmingham, Al., 35235, which operates a hospital of the same name at the same address, claims a lien for the reasonable charges of hospital care, treatment and maintenance received by **Joseph Bethune of 120 Hwy 470, Leeds, Alabama 35094** against all causes of action, suits, claims, counter claims and demands accruing to the said **Joseph Bethune** or his legal representative, and against all judgements, settlements and settlement agreements entered into by virtue thereof and on account of such injuries giving rise to such causes of action, suits, claims, counter claims, demands, judgements, settlements or settlement agreements and which necessitated such hospital care.

Amount Claimed:	<u>929.00</u>	Date of Admission:	<u>04.04.2004</u>
Date of Injury:	<u>04.04.2004</u>	Date of Discharge:	<u>04.04.2004</u>
Account #:	<u>M0409500095</u>		

The names and addresses of all persons, firms or corporations claimed by such injured person, or the legal representative of such person, to be liable for damages arising from such injuries are, to the best of the claimant's knowledge, as follows:

Name: Alfa
Attn: Max Bender
Address: 1110 Chalkville Road
Trussville, Alabama 35173

Name: _____
Address: _____


Name: _____
Address: _____

Name: _____
Address: _____

EASTERN HEALTH SYSTEM, INC. D.B.A
MEDICAL CENTER EAST

By: Tina McClaran
Tina McClaran
Support Services Manager

Before me, Sheila Landers, a Notary Public in and for the County of Jefferson, State of Alabama, personally appeared Tina McClaran, who being 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 8th day of April, 2004.


Notary Public

MY COMMISSION EXPIRES 1/09/08