


NOTICE OF HOSPITAL LIEN
EASTERN HEALTH SYSTEM, INC. D.B.A. ST. CLAIR REGIONAL HOSPITAL
2805 DR. JOHN HAYNES DRIVE, PELL CITY, ALABAMA 35125

STATE OF ALABAMA
SHELBY COUNTY


20050728000380060 1/1 \$11.00
Shelby Cnty Judge of Probate, AL
07/28/2005 03:41:10PM FILED/CERT

Notice is hereby given, as provided by the laws of the State of Alabama that EASTERN HEALTH SYSTEM, INC D.B.A. ST. CLAIR REGIONAL HOSPITAL, whose address is 2805 Dr. John Haynes Dr., Alabama 35125, 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 Amy McKinney of PO Box 407 Vincent, Al 35178 against all causes of action, suits, claims, counter claims and demands accruing to the said Amy McKinney or his legal representative, and against all judgments, 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, demand judgments, settlements, or settlement agreements and which necessitated such hospital care.

Account #: S0519900835 Date of Injury: 07.18.2005
Date of Admission: 07.18.2005
Amount Claimed: 967.50 Date of Discharge: 07.18.2005

The name 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: unknown
Claim #: _____
Address: _____

Name: _____
Claim #: _____
Address: _____

Name: _____
Claim #: _____
Address: _____

Name: _____
Claim #: _____
Address: _____

EASTERN HEALTH SYSTEM, INC. D.B.A
ST. CLAIR REGIONAL HOSPITAL
By: Donna Kelly
Donna Kelly
Manager of Patient Accounts

Before me, Donna Kelly, a Notary Public in and for the County of Jefferson, State of Alabama, personally appeared Donna Kelly, who being first duly sworn, doth depose and say that she is the authorized representative for the claimant, and 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 20 day of July, 2005.

Shawn B Cherry
_____, Notary Public
My commission expires on 11-15-05