

20050810000410950 1/1 \$11.00
Shelby Cnty Judge of Probate, AL
08/10/2005 02:32:05PM FILED/CERT

STATE OF ALABAMA)
OFFICE OF THE JUDGE OF PROBATE)
COUNTY OF Shelby)

NOTICE OF HOSPITAL LIEN

Notice is hereby given by Shelby Baptist Medical Center located at 1000 First Street North, Alabaster, AL, operated by Baptist Health System at DeBoer Building, 301 Brown Springs Road, Montgomery, AL, that Shelby Baptist Medical Center has furnished reasonable and necessary hospital care, treatment and/or maintenance to:

Shannon S. Moran
5612 Al Hwy 155
Montevallo, AL 35115-9426

from 6/9/2005 to 6/9/2005 and that the amount due for the services is \$ 1,683.00.

The person(s), firm(s), or corporation(s) claimed by the patient or his/her representative to be liable for damages arising from the illness or injuries by the hospital are:

State Farm Auto Claims Central / AL & MS
P.O. Box 830852
Birmingham, AL 35283-0852
Claim # 01-6624-282

A lien is hereby created by the hospital upon any and all actions, claims, counterclaims, and demands accruing to the patient on account of the injuries which necessitated such hospital care and upon all judgments, settlements, and settlement agreements entered into on account of the injuries which necessitated such hospital care, all in accordance with the provisions of Alabama Statutes Annotated §35-11-370, et seq.

Shelby Baptist Medical Center
By: *Cindy R. Collins*
Cindy R. Collins
Medical Reimbursements of America, LLC
o/b/o Shelby Baptist Medical Center
✓ 117 Seaboard Lane, Suite D100
Franklin, TN 37067
(615) 963-3871

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

The foregoing statement was acknowledged and verified before me, on August 1, 2005, by Cindy R. Collins, the duly authorized agent/operator of Shelby Baptist Medical Center, for an on behalf of said hospital.

Mary Ellen
Notary Public
NOTARY PUBLIC
AT LARGE
DAVIDSON CO., TENN.

My Commission Expires:

9-22-07