

NOTICE OF HOSPITAL LIEN BAPTIST HEALTH SYSTEMS

833 Princeton Avenue SW, suite 300, Birmingham, AL 35211

STATE OF ALABAMA SHELBY COUNTY

Notice is hereby given, as provided by the laws of the State of Alabama that **BAPTIST HEALTH SYSTEMS** whose address is 833 Princeton Avenue SW, suite 300, Birmingham, AL 35211, which operates **Walker Baptist Medical Center**, located at 3400 US Highway 78 East, Jasper, AL 35501, claims a lien for the reasonable charges of hospital care, treatment and maintenance received by **Brandon Cummins** of **2807 A St**, **Jasper, AL 35501**, against all causes of action, suits, claims, counter claims and demands accruing to the said **Brandon Cummins** 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, demands, judgments, settlements or settlement agreements and which necessitated such hospital care.

Amount claimed: \$2475.00 Date of admission: 01/11/13 Date of injury: 01/11/13

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 Responsible Party Address:

Name: King, Wiley & Williams

Address:PO Box 1688, Jasper, AL 35022

Hospital Lien prepared by: Lois Winn

Duly outhorized representative of Baptist Health St

Duly authorized representative of Baptist Health Systems The Outsource Group, 7 Audubon Road, Wakefield MA 01880

File# 3518699

Commonwealth of Massachusetts

County of // Meres

On this, the $\underline{\cancel{3}}$ day of $\underline{\cancel{Mul}}$, $20\underline{\cancel{B}}$, before me a notary public, the undersigned person, personally appeared $\underline{\cancel{Mul}}$, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

BEVERLY A. LAIRD

Notary Public

COMMONWEALTH OF MASSACHUSETTS

My Commission Expires
February 17, 2017

Public Notary