

411031353

TO: Shelby County Probate Office
P. O. Box 825
Columbiana, AL 35051


NOTICE OF HOSPITAL LIEN

Under the provisions of Title 35, Chapter 11, Division 15, Code of Alabama, 1975, notice is hereby given that the Shelby Baptist Medical Center under the Health Care Authority of the Baptist Health Foundation, Inc., whose address is 1000 1st Street North Alabaster, AL 35007, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name: **Lakeshia Walter**
Address: **P O Box 122**
Maylene, AL 35114

Admit Date: **July 13, 2013**
Discharge Date: **July 13, 2013**

Amount Due: **\$ 2,420.00**


20131007000402520 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
10/07/2013 03:30:14 PM FILED/CERT

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

*** Under Alabama code Section 35-11-371 (1975), the filing of this lien constitutes notice to any persons liable for such damages whether or not they are named herein.**

PREPARED BY: 

Austin Gray, Authorized Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this 30th day of September, 2013, by Austin Gray the duly authorized agent/operator of the above named health care provider for and on behalf of said hospital.


NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

