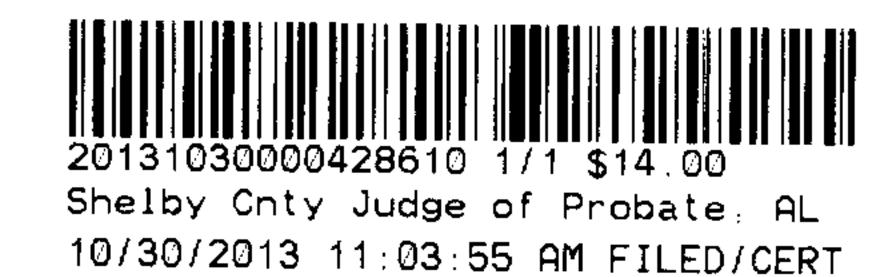
**TO:** Shelby County Probate Office

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 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:

Wilma Merriweather

Address:

P.o. Box 189

Columbiana, AL 35080

Admit Date:

**September 03, 2013** 

Discharge Date:

**September 03, 2013** 

Amount Due:

\$5,615.00

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 are named herein

STATE OF MISSISSIPPI	BY:	
COUNTY OF ALCORN	<del></del>	
The foregoing statement was ackn	nowledged and verified	before me this <u>Zt/th</u> day of the duly authorized Shelby Baptist
Medical Center of the above named health care provider for and on behalf of said hospital.		
		La Caleur
MY COMMISSION EXPIRES:	1D # 93803	NOTARY PUBLIC
	LaTONYA A. GLOVER	Kimberlee M. Fair
	Commission Expires Aug. 4, 2017	P.O Box 1465 Corinth, MS 38834
	COANCOUNT	Prepared By: