

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

20131104000434030 1/1 \$14.00  
Shelby Cnty Judge of Probate, AL  
11/04/2013 12:52:33 PM FILED/CERT

**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: **Malissa Kendrick**  
Address: **508 Baron Circle**  
**Columbiana, AL 35043**  
Admit Date: **July 20, 2013**  
Discharge Date: **July 20, 2013**  
Amount Due: **\$2,388.00**

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:

**Penn National Insurance - 09618650**  
**P.O. Box 1674**  
**Harrisburg, PA**

**Shelby Baptist Medical Center**

**BY:** \_\_\_\_\_

**Agent**

STATE OF MISSISSIPPI  
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Tuesday, October 29, 2013, by the duly authorized Hospital of the above named health care provider for and on behalf of said hospital.

The foregoing statement was acknowledged and verified before me this 2013, by the duly authorized Shelby Baptist Medical

MY COMMISSION EXPIRES: \_\_\_\_\_



NOTARY PUBLIC

Kimberlee M. Fair  
P.O Box 1465  
Corinth, MS 38834

*Prepared By:*