


411072938

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


20131118000452360 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
11/18/2013 03:54:53 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 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: **Kamelia Craig**
Address: **1425 Warrior Road**
Birmingham, AL 35218

Admit Date: **November 1, 2013**
Discharge Date: **November 1, 2013**

Amount Due: **\$ 367.00**

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:

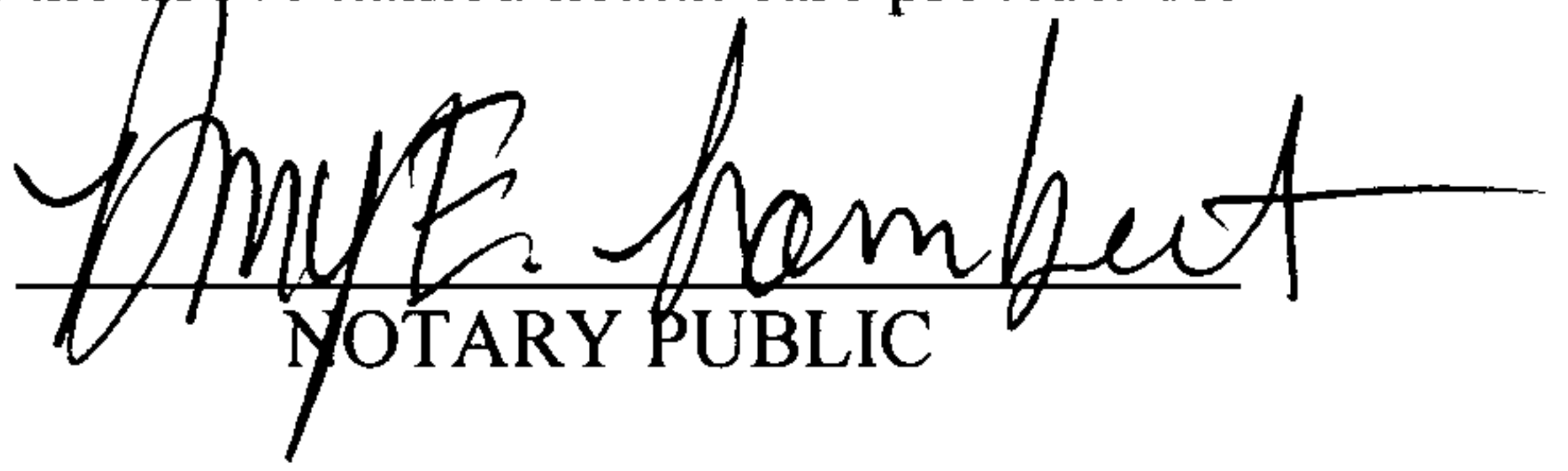
USAA
27661431
P. O. Box 500
Daphne, AL 36526

Prepared By: 
Kimberlee M. Fair, Authorized Agent

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

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this 13th day of NOV, 2013, by Kim Fair the duly authorized agent/operator of the above named health care provider for and on behalf of said hospital.


NOTARY PUBLIC

MY COMMISSION EXPIRES:

