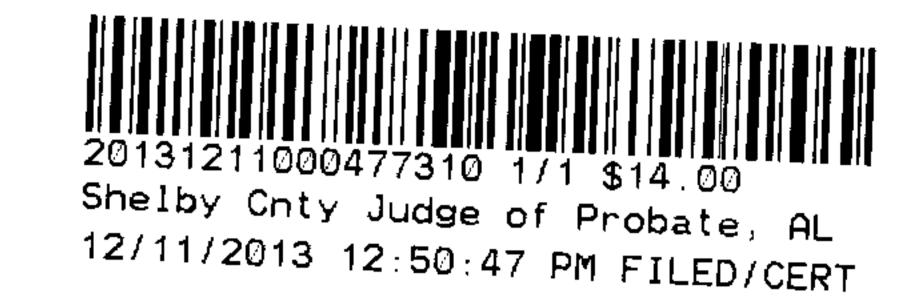
TO: Shelby County Probate Office

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: Crista Harbison

Address: 1016 Rime Village Drive

Columbiana, AL 35216

Admit Date: November 3, 2013

Discharge Date: November 3, 2013

Amount Due: \$3,533.00

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:

Geico Insurance - 0166417460101054 One Geico Center Macon, GA

Shelby Baptist Medical Center

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

STATE OF MISSISSIPPI COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Thursday, December 5, 2013, by the duly authorized Hospital of the above named health care provider for and on behalf of said hospital.

Prepared By:

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

1D # 93803

LaTONYA A. GLOVER .

· Commission Expires.

NOTARY PUBLIC

MY COMMISSION EXPIRES: