

411075824

**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 1<sup>st</sup> 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: **David Wright**  
Address: **33251 Crossing Drive**  
**Birmingham, AL 35242**

Admit Date: **November 10, 2013**  
Discharge Date: **November 10, 2013**

Amount Due: **\$ 7,403.00**

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 they are named herein.**

PREPARED BY:

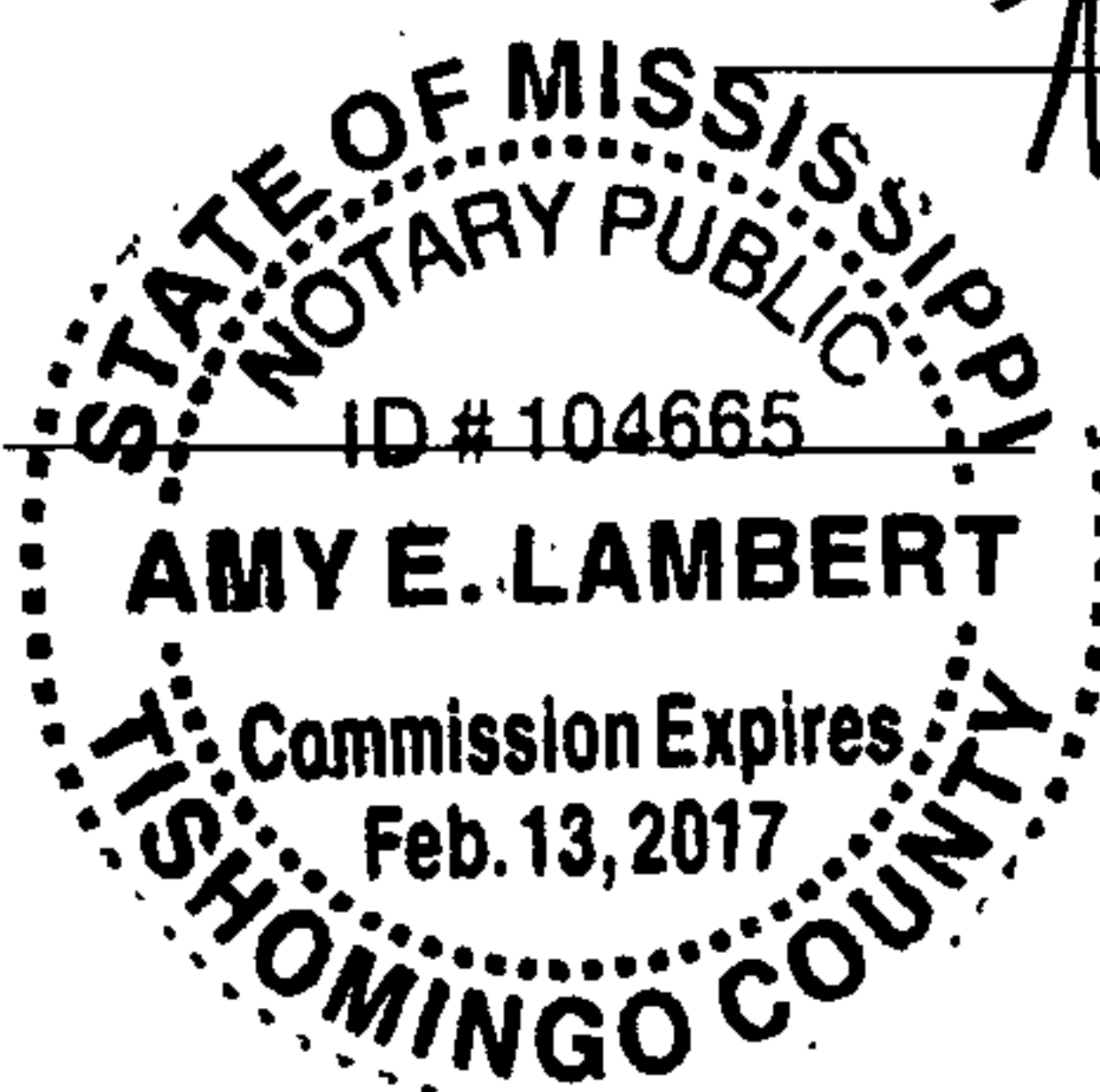
  
Austin Gray, Authorized Agent

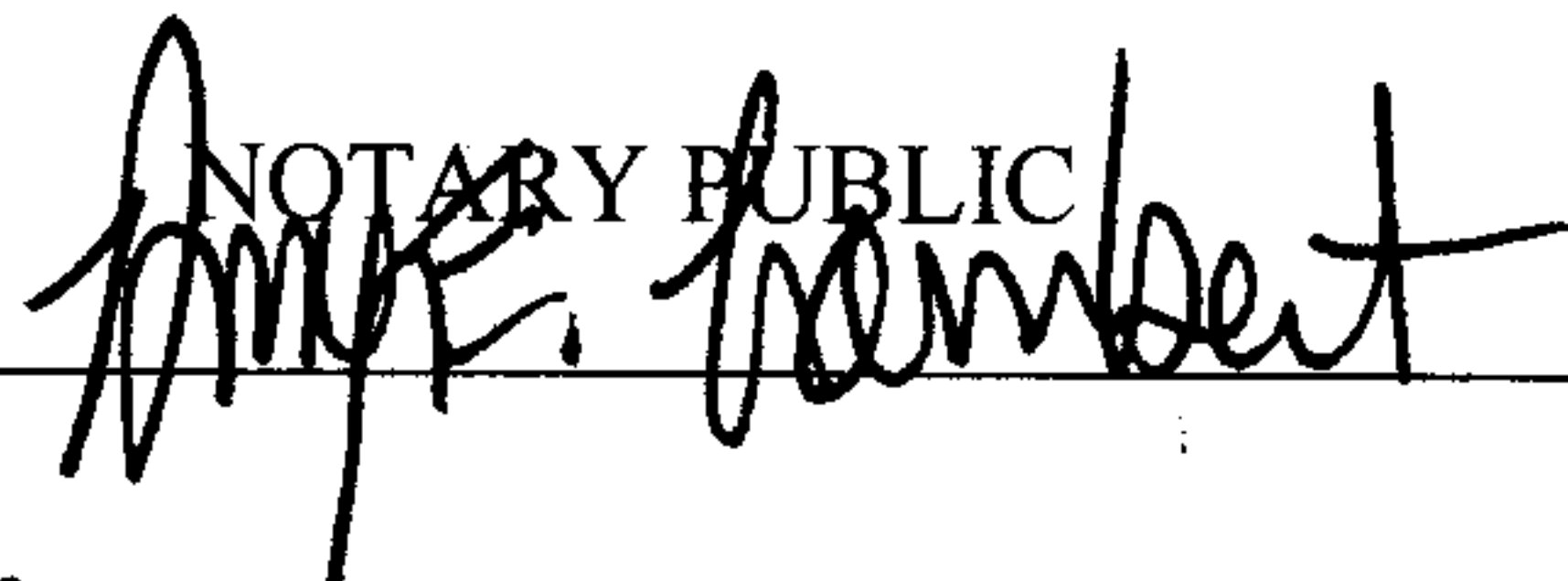
Prepared by: Austin Gray  
P. O. Box 1465  
Corinth, MS 38835


STATE OF MISSISSIPPI  
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this 10<sup>th</sup> day of January, 2014, by Austin Gray the duly authorized agent/operator of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES:



  
NOTARY PUBLIC

  
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Shelby Cnty Judge of Probate, AL  
01/16/2014 12:23:49 PM FILED/CERT