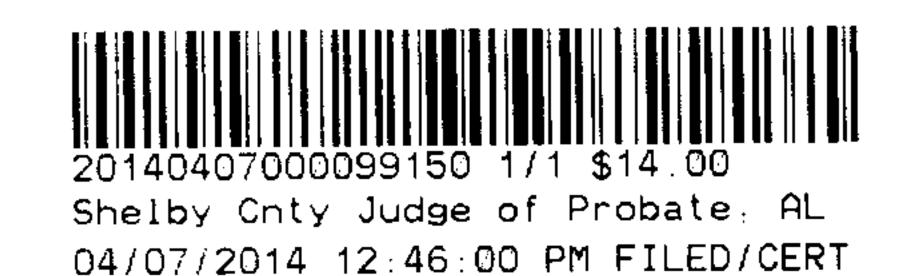
**TO:** Shelby County Probate Office

P.O. Box 825

Columbiana, AL 35051



## **NOTICE OF HOSPITAL LIEN**

Under the provisions of Alabama Code 1975, § 35-11-370 et seq., 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: Ellen Dalton Davis
Address: 1380 Hinkle Road

Columbiana, AL 35045

Admit Date: February 07, 2014
Discharge Date: February 07, 2014

Amount Due: \$5,055.00

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 COUNTY OF ALCORN	BY:	Austrin Gra
The foregoing statement was acknown as a cknown and the statement was acknown as a cknown	wledged and verified better to the last of	fore me this day of the duly authorized Shelby Baptist and on behalf of said hospital.
MY COMMISSION EXPIRES:	OF MISS TARY PUBLIC TO 1	MW Nom Der NOTARY PUBLIC
	AMY E. LAMBERT  Commission Expires: Feb. 13, 2017	

Prepared By: AustinGray
POBOX
1465 Corinth, MS388.