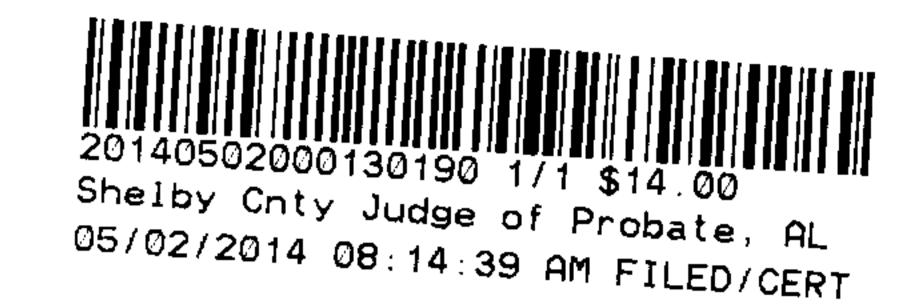
TO: Shelby County Probate Office

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:

Laron Matthews

Address:

1312 Meadow Glenn Road

Columbiana, AL 36117

Admit Date:

March 15, 2014

Discharge Date:

March 15, 2014

Amount Due:

\$2,088.00

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:

Florida Farm Bureau - 548168 P. O. Box 147033 Gainesville, FL

Shelby Baptist Medical Center

BY:

A gent

by the duly authorized Shelby Baptist Medica

STATE OF MISSISSIPPI COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Thursday, April 17, 2014, by the duly authorized Hospital of the above named health care provider for and on behalf of said hospital.

ID#104665

The foregoing statement was acknowledged and yeriffell scfore me this 2014,

NOTARY PUBLIC

MY COMMISSION EXPIRES:

P.O Box 1465

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Corinth, MS 38834