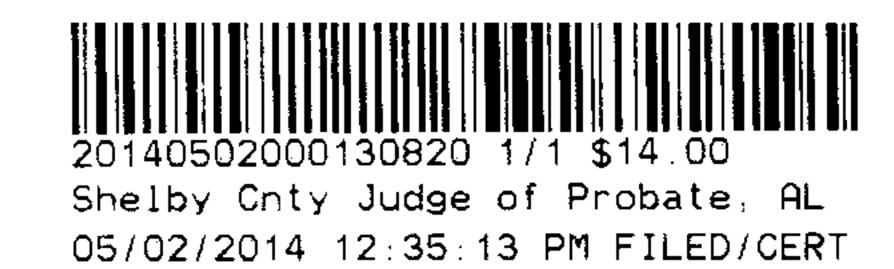
**TO:** Shelby County Probate Office

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: Joseph McCool

Address: 36 Oak Dale Drive

Columbiana, AL 35115

Admit Date: February 19, 2014
Discharge Date: February 19, 2014

Amount Due: \$1,757.00

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:

The foregoing statement was acknowledged and verified before me this \_\_\_\_\_\_\_ day of

HORI , 2014, by Link FAR the duly authorized Shelby Baptist Medical Center of the above named health care provider for and on behalf of said hospital.

·: inissia

MY COMMISSION EXPIRES AND PUBL.

MISCHELL M. WILBANKS
Commission Expires
2017

Dec. 3, 2017

NOTARY PUBLIC

Kimberlee M. Fair P.O Box 1465

Corinth, MS 38834