411154637

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:	**James McGregor**
Address:	**77 Carlson Road** **Columbiana, AL 35186**
Admit Date:	**June 20, 2014**
Discharge Date:	**June 20, 2014**
Amount Due:	**$2,796.00**

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:

Allstate Insurance - 0330482431
P.O. Box 2874
Clinton, IA

State Farm - 01476z877
P. O. Box 106145
Atlanta, GA

Shelby Baptist Medical Center

BY: _____
Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Thursday, July 10, 2014, by the duly authorized Hospital of the above named health care provider for and on behalf of said hospital.

The foregoing statement was acknowledged and verified before me this 2014, by the duly authorized Shelby Baptist Medica

_____
NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

STATE OF MISSISSIPPI
NOTARY PUBLIC
ID # 104665
AMY E. LAMBERT
Commission Expires
Feb. 13, 2017
TISHOMINGO COUNTY

20140714000213150 1/1 $14.00
Shelby Cnty Judge of Probate, AL
07/14/2014 12:57:42 PM FILED/CERT

P.O Box 1465
Corinth, MS 38834