

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: **Alexis Jones**
Address: **212 Skyview Drive**
Montevallo, AL 35115
Admit Date: **July 12, 2014**
Discharge Date: **July 12, 2014**
Amount Due: **\$660.00**

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 10th day of Sept, 2014, by Kim Fair the duly authorized Shelby Baptist Medical Center of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES _____



NOTARY PUBLIC

Prepared By:
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Corinth, MS 38834

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Shelby Cnty Judge of Probate, AL
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