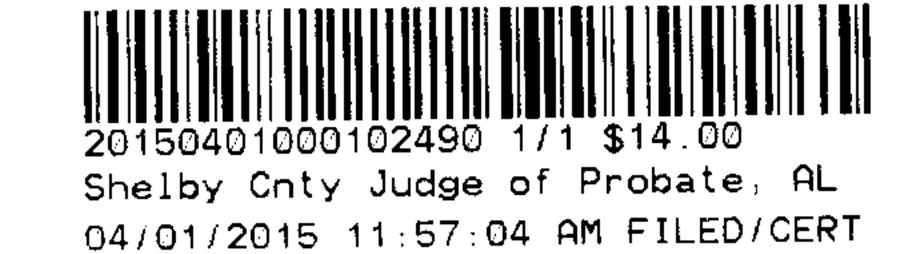
Shelby County Probate Office TO:

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 Baptist Health System, 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:

Saria Looman

Address:

P. O. Box 31

Alabaster, AL 350076510

Admit Date:

January 27, 2015

Discharge Date:

January 28, 2015

Amount Due:

\$2,760.40

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:

> Nationwide Insurance - 329543-GB P.O. Box 26005

Daphne, AL

Shelby Baptist Medical Center

. .

Agent

BY:

STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Wednesday, March 25, 2015, by the duly authorized Hospital of the above named health care provider for and on behalf of said hospital.

1D#104665

AMY E. LAMBERT

The foregoing statement was acknowledged and verified before me this 2015, by the duty authorized Shelby Baptist Medika

NOTARY PUBLICAGE

MY COMMISSION EXPIRES:

Kimberlee M. Fair P.O Box 1465 Corinth, MS 38834