


**TO:** Shelby County Probate Office  
P.O. Box 825  
Columbiana, AL 35051

  
20160222000053330 1/1 \$.00  
Shelby Cnty Judge of Probate, AL  
02/22/2016 11:25:52 AM FILED/CERT

**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: **Alyson Owens**  
Address: **13645 Highway 42**  
**Shelby, AL 35143**  
Admit Date: **May 26, 2015**  
Discharge Date: **May 26, 2015**  
Amount Due: **\$5,834.91**

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:

**Ameriprise Insurance - 1989534B208**  
**P.O. Box 19018**  
**Greenbay, WI**

**Shelby Baptist Medical Center**

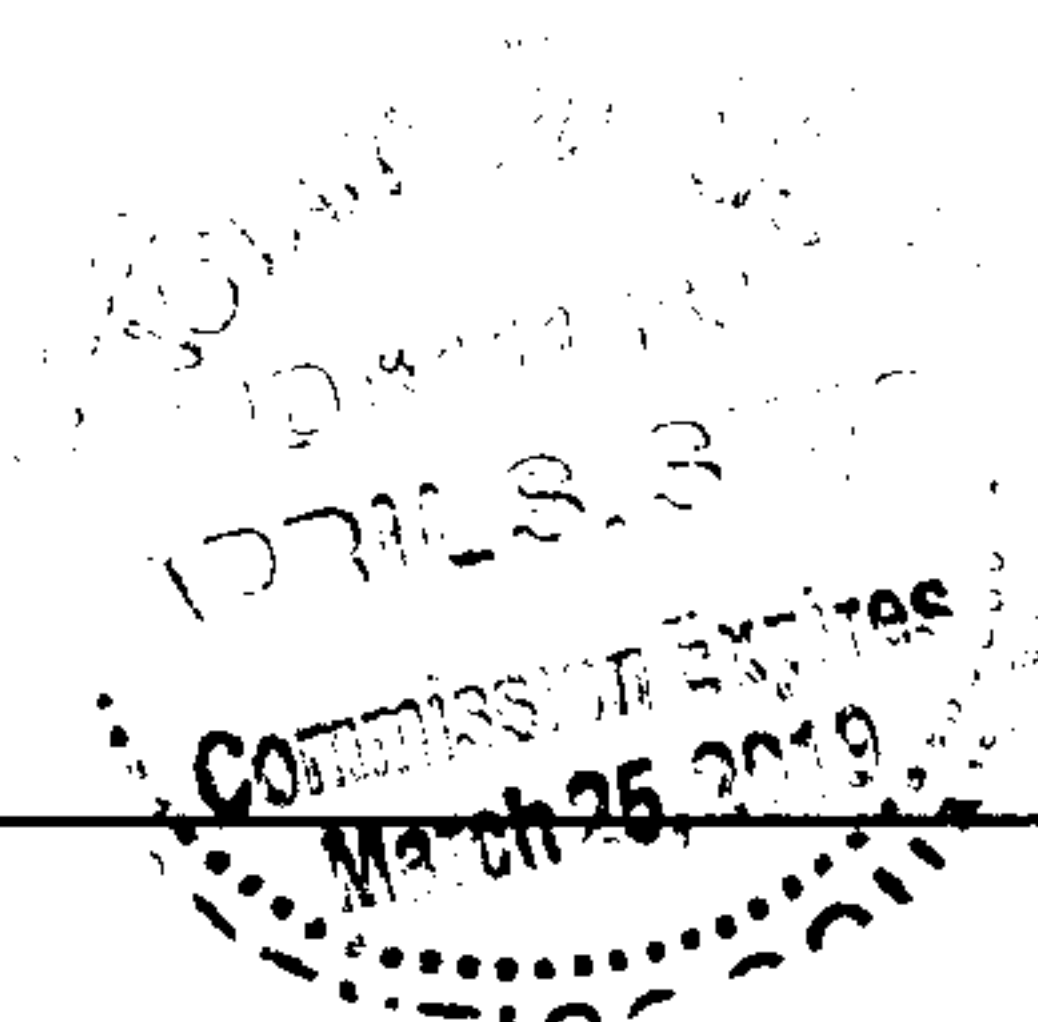
BY: \_\_\_\_\_

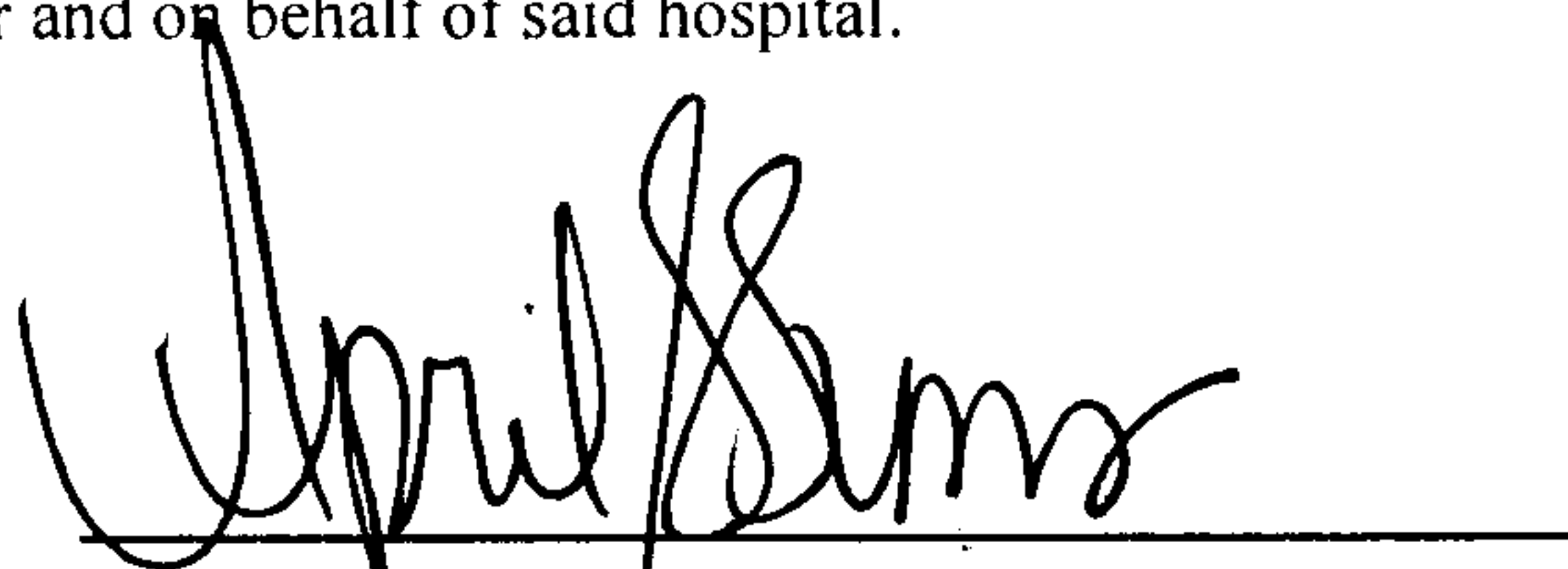
**Agent**

STATE OF MISSISSIPPI  
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Tuesday, February 16, 2016, by Kimberlee M. Fair the duly authorized agent of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES: \_\_\_\_\_



  
\_\_\_\_\_  
NOTARY PUBLIC