


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

  
20160309000075420 1/1 \$.00  
Shelby Cnty Judge of Probate, AL  
03/09/2016 10:35:05 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: **Harryl Cottrell**  
Address: **5th Avenue Southeast 4th Place 410**  
**Alabaster, AL 35007**  
Admit Date: **February 13, 2016**  
Discharge Date: **February 14, 2016**  
Amount Due: **\$4,215.00**

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:

**Hartford Insurance Company - PA16655539**  
**P.O. Box 14269**  
**Lexington, KY**

**Shelby Baptist Medical Center**

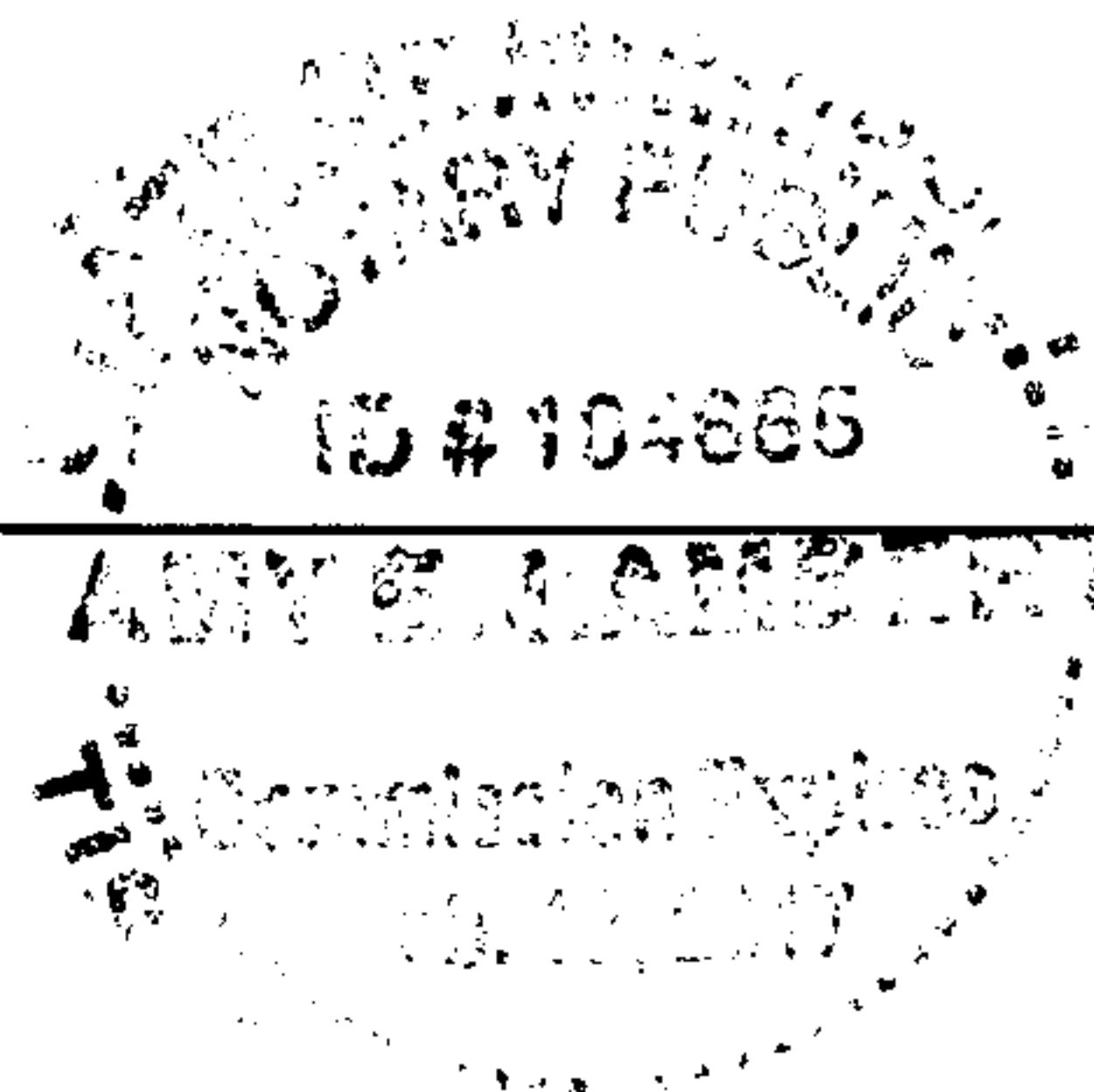
BY: \_\_\_\_\_

**Agent**

STATE OF MISSISSIPPI  
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Thursday, March 3, 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**

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