411373035

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 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:	**Thomas Marczewski**
Address:	**P.O. Box 501** **Warrior, AL 35180**
Admit Date:	**February 28, 2016**
Discharge Date:	**February 28, 2016**
Amount Due:	**$1,346.00**

20160321000089650 1/1 $.00
Shelby Cnty Judge of Probate, AL
03/21/2016 12:20:39 PM FILED/CERT

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 - 258347-GC
P.O. Box 26005
Daphne, AL

Shelby Baptist Medical Center

BY: _____
Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

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

_____
NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

STATE OF MISSISSIPPI
NOTARY PUBLIC
ID # 104665
AMY E. LAMBERT
Commission Expires
March 1, 2020
ALCORN COUNTY

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