


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

  
20160408000115460 1/1 \$.00  
Shelby Cnty Judge of Probate, AL  
04/08/2016 12:59:42 PM FILED/CERT

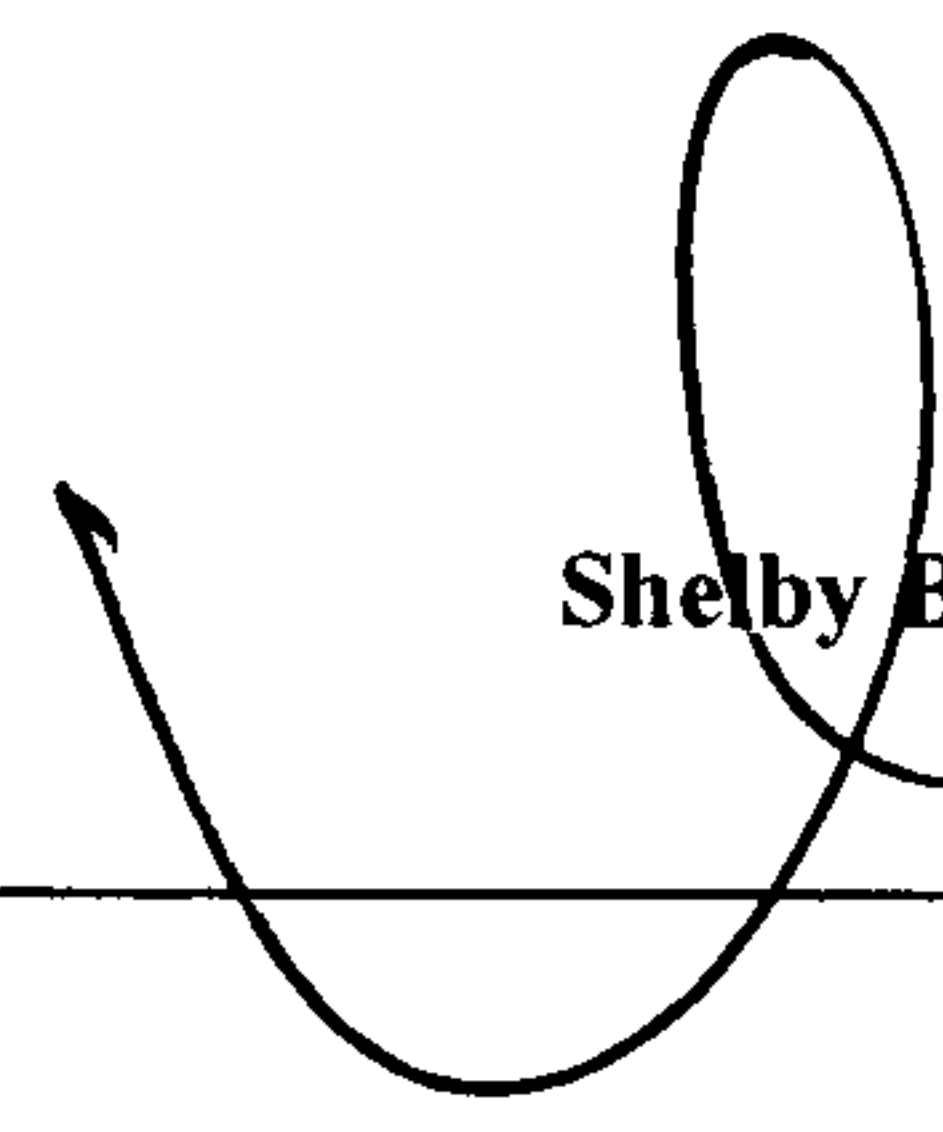
**NOTICE OF HOSPITAL LIEN**

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:           **Sarah Bryant**  
Address:                 **6600 Highway 71**  
                              **Shelby, AL 35143**  
  
Admit Date:              **March 24, 2016**  
Discharge Date:         **March 24, 2016**  
Amount Due:             **\$3,739.11**

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:

**Alfa - X1200003655**  
**1011 West Fort Williams**  
**Sylacauga, AL**

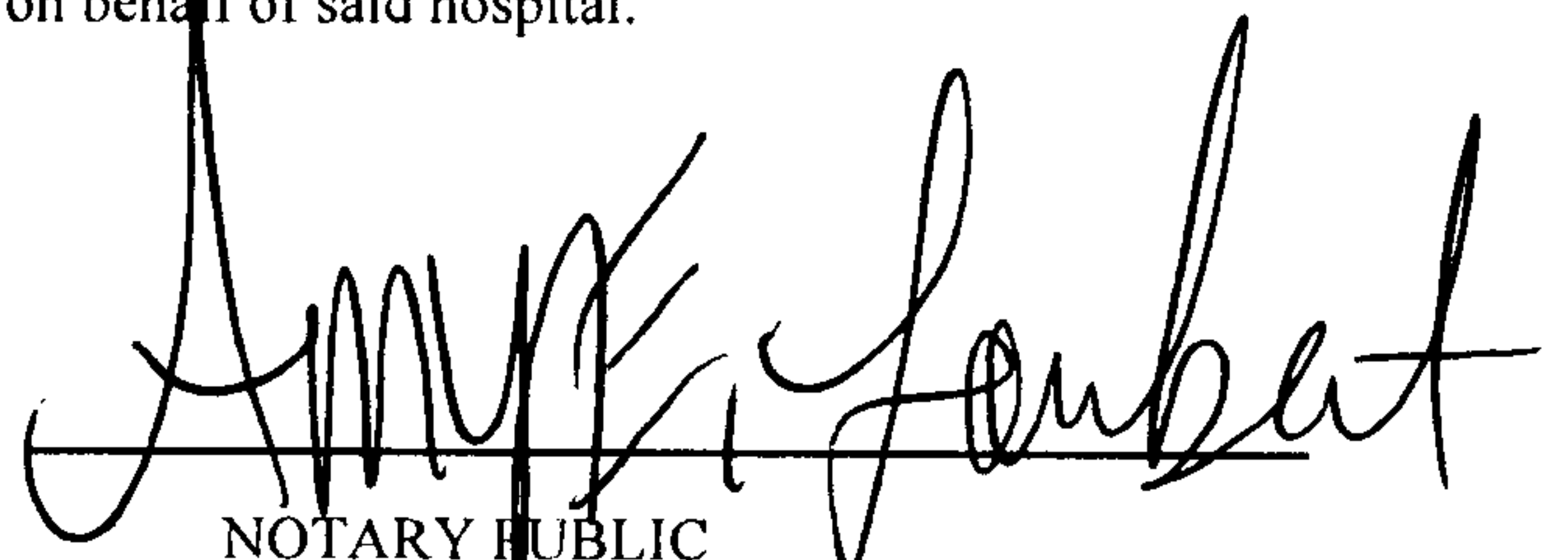
BY:  **Shelby Baptist Medical Center**  
\_\_\_\_\_  
**Agent**

STATE OF MISSISSIPPI  
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Tuesday, April 5, 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