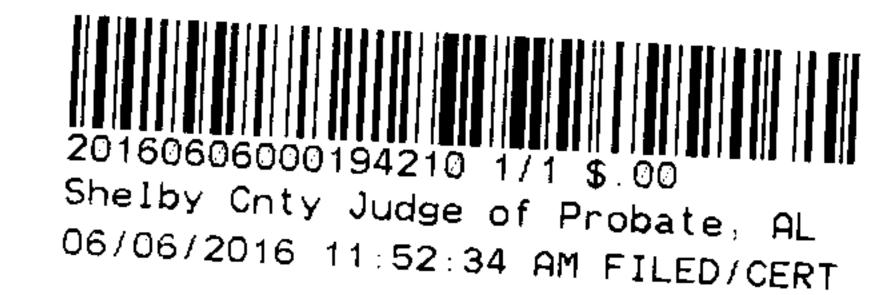
TO: Shelby County Probate Office

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:

Michele Hill

Address:

1221 Arlington Road

Arab, AL 35016

Admit Date:

May 07, 2016

Discharge Date:

May 07, 2016

Amount Due:

\$3,573.00

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:

* Under Alabama code Section 35-11-371 (1975), the filing of this lien constitutes notice to any persons liable for such damages whether or not are named herein

STATE OF MISSISSIPPI COUNTY OF ALCORN

BY:

The foregoing statement was acknowledged and verified before me this the duly authorized agent of the above 2016, by

named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES:

ID#104665

AMY E. LAMBER

Commission Expires. March 1, 2020 🥩

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