**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:

**Christopher Watts** 

Address:

180 Bird Song Drive

Alabaster, AL 35007

Admit Date:

June 13, 2016

Discharge Date:

June 13, 2016

Amount Due:

\$1,096.58

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:

State Farm Insurance - 01898V380 P.O. Box 106145 Atlanta, GA

BY:

Skelby Baptist Medical Center Acute

Agent

20160629000226620 1/1 probate, AL 20160629000226620 1/1 probate, AL Shelby Cnty Judge of Probate, AL 06/29/2016 02:00:02 PM FILED/CERT 06/29/2016 02:00:02 PM FILED/CERT

STATE OF MISSISSIPPI COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Friday, June 24, 2016, by Kimberlee M. Fair the duly authorized agent of the above named health care provider for and on behalf of said hospital.

ID # 111864

APRIL S. SIMS

Commission Expires

MY COMMISSION EXPIRES:

NOTARY PUBLIC