

PREPARED BY:
THE FINLEY FIRM, P.C.
R. WALKER GARRETT
P.O. BOX 1437
COLUMBUS, GA 31902-1437
(706) 660-5507

HOSPITAL LIEN

STATE OF ALABAMA: COUNTY OF SHELBY:

TO THE PROBATE COURT AND CLERK OF PROBATE COURT OF SAID COUNTY:
Notice is hereby given to all persons, firms and corporations, including

REF #: EAMC294350
TRACY DILDY
819 GRACE RIDGE DR APT 107
AUBURN, AL 36830-2738

ESURANCE PROPERTY AND CASUALTY INSURANCE COMPANY
ATTENTION: KAREN WIETZEL
P.O. BOX 5250
SIOUX FALLS, SD 57117-5250
CLAIM NUMBER: WIS 0120491

MELINDA SANDERS
535 RIDGEMONT DRIVE
HELENA, AL 35080-7350

that East Alabama Medical Center, 2000 Pepperell Parkway, Opelika, AL 36801, operated by East Alabama Healthcare Authority, 2000 Pepperell Parkway, Opelika, AL 36801 has treated as a patient TRACY DILDY who resides at 819 GRACE RIDGE DR APT 107, AUBURN, AL 36830-2738 and who was admitted for treatment at East Alabama Medical Center, 2000 Pepperell Parkway, Opelika, AL 36801 on 05/25/2018 and discharged on 05/25/2018, admitted on 05/25/2018 and discharged on 05/25/2018 and said patient incurred charges in the amount of \$2,743.05 for hospital care and treatment. East Alabama Medical Center hereby creates a lien up to the maximum allowable amount of any obtained or recovered damages which the patient or his/her legal representative may receive or be entitled to receive, whether by judgment, settlement, or compromise, from any and all causes of action, suits, claims, counterclaims or demands accruing to the patient, all in accord with the provisions of Code of ALA. § 35-11-370 et. seq. The above named persons, firms or corporations, if any, are claimed by the patient or his legal representative to be liable for said injuries and such persons, firms or corporations are so listed to the best of claimant's knowledge. This lien is for the amount being claimed is fair and reasonable for the services rendered.

STATE OF GEORGIA: COUNTY OF MUSCOGEE:

Personally appeared before the undersigned attesting officer, duly authorized by law to administer oaths, the undersigned, who on oath, deposes and says that he is authorized to make this affidavit on behalf of East Alabama Medical Center and the statements contained in the above and foregoing lien are true to the best of his knowledge and belief.

East Alabama Medical Center

By: _____

R. Walker Garrett, Attorney at Law

Sworn to and subscribed before me
This 10th day of July, 2018

Notary Public



20180713000250030 1/1 \$.00
Shelby Cnty Judge of Probate, AL
07/13/2018 11:06:44 AM FILED/CERT