STATE OF ALABAMA)
OFFICE OF THE JUDGE OF PROBATE)
COUNTY OF Shelby)

20060816000399350 1/1 $11.00
Shelby Cnty Judge of Probate,AL
08/16/2006 10:19:38AM FILED/CERT

NOTICE OF HOSPITAL LIEN

Notice is hereby given by Shelby Baptist Medical Center located at 1000 First Street North, Alabaster, AL 35007, operated by Baptist Health System located at 3201 4th South, Birmingham, AL, that Shelby Baptist Medical Center has furnished reasonable and necessary hospital care, treatment and/or maintenance to:

Melissa R. Staffney
PO Box 117
Wilton, AL 35187-0117

from 8/2/2006 to 8/2/2006 and that the amount due for the services is $ 1,495.00.

The person(s), firm(s), or corporation(s) claimed by the patient or his/her representative to be liable for damages arising from the illness or injuries by the hospital are:

Unknown at Present

A lien is hereby created by the hospital upon any and all actions, claims, counterclaims, and demands accruing to the patient on account of the injuries which necessitated such hospital care and upon all judgments, settlements, and settlement agreements entered into on account of the injuries which necessitated such hospital care, all in accordance with the provisions of Alabama Statutes Annotated §35-11-370, et seq.

Shelby Baptist Medical Center

Prepared By: _____

Christina G. Benz
Medical Reimbursements of America, LLC
o/b/o Shelby Baptist Medical Center
117 Seaboard Lane, Suite D100
Franklin, TN 37067
(615) 963-3871

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

The foregoing statement was acknowledged and verified before me, on August 9, 2006, by Christina G. Benz, the duly authorized agent/operator of Shelby Baptist Medical Center, for an on behalf of said hospital.

_____
Notary Public

My Commission Expires: 9-22-07

JOHN C. DUNNE
NOTARY PUBLIC AT LARGE
DAVIDSON CO. TENN.