

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

20061020000519220 1/1 \$11.00  
Shelby Cnty Judge of Probate, AL  
10/20/2006 09:06:37AM 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:

Sherita J. Garcia  
PO BOX 887  
Alabaster, AL 35007-2051

from 10/8/2006 to 10/8/2006 and that the amount due for the services is \$ 1,886.00.

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  
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 October 16, 2006, by Christina G. Benz, the duly authorized agent/operator of Shelby Baptist Medical Center, for and on behalf of said hospital.

My Commission Expires:

9-17-07

