


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

  
20080103000002650 1/1 \$11.00  
Shelby Cnty Judge of Probate, AL  
01/03/2008 10:47:35AM 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 35222, that Shelby Baptist Medical Center has furnished reasonable and necessary hospital care, treatment and/or maintenance to:

Tracie Taylor  
P O Box 1374  
Columbiana, AL 35051

from 12/17/2007 to 12/18/2007 and that the amount due for the services is \$6,309.00.

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 for which the patient received health care services are as follows:

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.

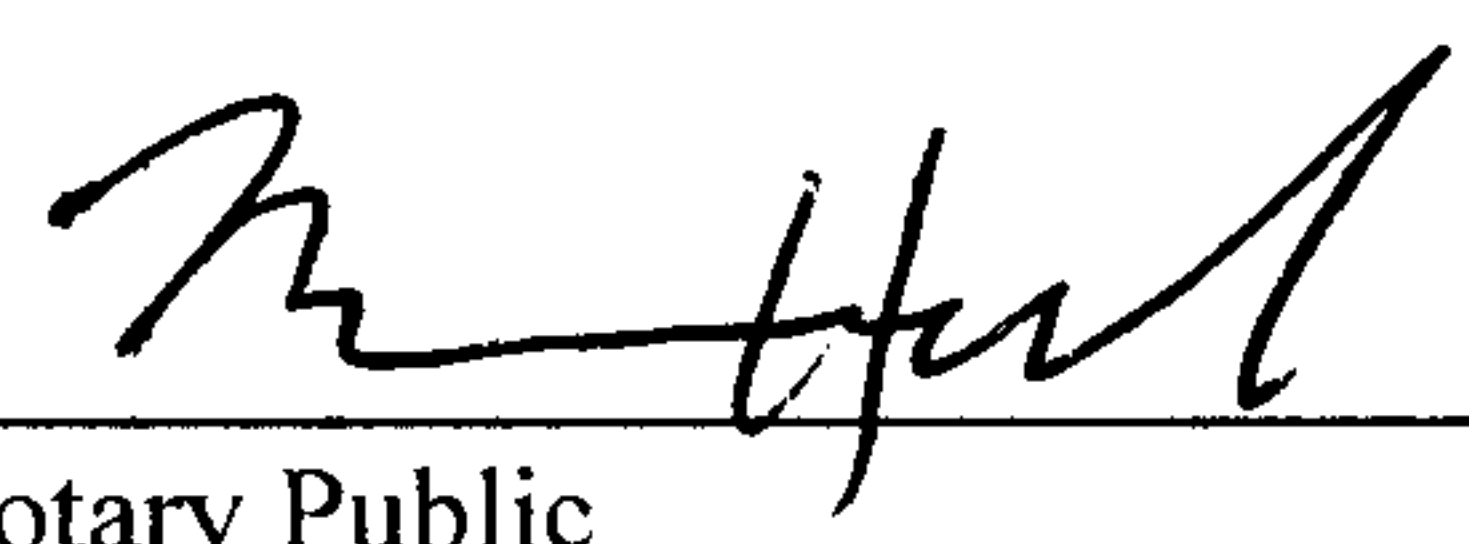
Shelby Baptist Medical Center  
Prepared By: Cassie Entrekin  
Cassie Entrekin  
Medical Reimbursements of America, LLC  
o/b/o Shelby Baptist Medical Center  
117 Seaboard Lane, Suite D100  
Franklin, TN 37067  
(615) 963-3871

STATE OF TENNESSEE  
COUNTY OF WILLIAMSON

The foregoing statement was acknowledged and verified before me, on December 26, 2007, by Cassie Entrekin, the duly authorized agent/operator of Shelby Baptist Medical Center, for an on behalf of said hospital.

My Commission Expires:

7-22-09

  
\_\_\_\_\_  
Notary Public