

NOTICE OF HOSPITAL LIEN BAPTIST HEALTH SYSTEMS

833 Princeton Avenue SW, suite 300, Birmingham, AL 35211

STATE OF ALABAMA SHELBY COUNTY

Name:

Address:

contained.

Notice is hereby given, as provided by the laws of the State of Alabama that **BAPTIST HEALTH SYSTEMS** whose address is 833 Princeton Avenue SW, suite 300, Birmingham, AL 35211, which operates **Shelby Baptist Medical Center**, located at 1000 First Street North, Alabaster, AL 35007, claims a lien for the reasonable charges of hospital care, treatment and maintenance received by **Melony Brasher** of **3367 Hwy 37**, **Columbiana**, AL 35051, against all causes of action, suits, claims, counter claims and demands accruing to the said **Melony Brasher** or his legal representative, and against all judgments, settlements and settlement agreements entered into by virtue thereof and on account of such injuries giving rise to such causes of action, suits, claims, counter claims, demands, judgments, settlements or settlement agreements and which necessitated such hospital care.

Amount claimed: \$29,737.00 Date of admission: 07/24/12 Date of injury: 7/24/12 Date of discharge: 07/26/12

The names and addresses of all persons, firms or corporations claimed by such injured person, or the legal representative of such person, to be liable for damages arising from such injuries are, to the best of the claimant's knowledge, as follows:

Name:

Address:

Public Notary

Hospital Lien prepared by iev Duly authorized representative of Baptist Health Systems The Outsource Group, 7 Audubon Road, Wakefield MA 01880 File# 3344000
Commonwealth of Massachusetts County of Mullered
Commonwealth of Massachusetts County of Meddlevel On this, the

is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein

In witness hereof, I hereunto set my hand and official seal.

BEVERLY A. LAIRD

Notary Public

COMMONWEALTH OF MASSACHUSETTS

My Commission Expires

February 17, 2017