## NOTICE OF HOSPITAL LIEN BAPTIST HEALTH SYSTEMS

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

## STATE OF ALABAMA SHELBY COUNTY

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 **Kim Dykes** of **72 Hwy 400 Shelby, AL 35143**, against all causes of action, suits, claims, counter claims and demands accruing to the said **Kim Dykes** or her 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: \$3692.00 Date of admission: 08/15/12 Date of injury: 08/06/12 Date of discharge: 08/15/12

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: Foremost Insurance cl# 8936741 Name: N/A Address: PO Box 2739 Grand Rapids,MI 49501 Address:

Hospital Lien prepared by: Lois Winn

Duly authorized representative of Baptist Health Systems

The Outsource Group, 7 Audubon Road, Wakefield MA 01880

File#3465942

20121214000478920 1/1 \$12.00 Shelby Cnty Judge of Probate, AL 12/14/2012 04:00:20 PM FILED/CERT

Commonwealth of Massachusetts
County of Massachusetts

On this, the <u>// day of // low</u>, 20/12, before me a notary public, the undersigned person, personally appeared <u>// low</u>, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

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