

02/19/2013 01:44:49 PM FILED/CERT

## 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 **Walker Baptist Medical Center**, located at 3400 US Highway 78 East, Jasper, AL 35501, claims a lien for the reasonable charges of hospital care, treatment and maintenance received by <u>James Wilkerson</u> of <u>6027 Fall City Road</u>, <u>Jasper, AL 35503</u>, against all causes of action, suits, claims, counter claims and demands accruing to the said <u>James Wilkerson</u> 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: \$37,070.20 Date of admission: 11/30/12 Date of injury: 11/30/12 Date of discharge: 12/02/12

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 Progressive, clm# 125756279 Address: PO Box 512926, Los Angeles, CA 90051 Name: N/a
Address:

Hospital Lien prepared by: Lois Winn

Duly authorized representative of Baptist Health Systems

The Outsource Group, 7 Audubon Road, Wakefield MA 01880

File# 3485815

County of Meldler

On this, the \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_, before me a notary public, the undersigned person, personally appeared \_\_\_\_\_\_\_\_\_\_\_, 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.

PEVERLY A. LAIRD

Notary Public

COMMONWEALTH OF MASSACHUSETTS

My Commission Expires
February 17, 2017

Public Notary