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 <u>Parvin Mostaghimi</u> of <u>4744 Salt Lake Pkwy, Birmingham, AL 35244</u>, against all causes of action, suits, claims, counter claims and demands accruing to the said <u>Parvin Mostaghimi</u> 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: \$4434.00 Date of admission: 04/11/13 Date of injury: 04/11/13

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: Allstate Ins. cl #028233103KLB

Address:2600 Corp Dr #230

Birmingham, AL 35238

Name:

Address:

Hospital Lien prepared by: Lois Winn

Duly authorized representative of Baptist Health Systems

The Outsource Group, 7 Audubon Road, Wakefield MA 01880

File#3836049

20130604000226690 1/1 \$12.00 Shelby Cnty Judge of Probate, AL

06/04/2013 09:35:27 AM FILED/CERT

Public Notary

County of Mudleschusetts

On this, the <u>JZ</u> day of <u>May</u>, 20 13, before me a notary public, the undersigned person, personally appeared <u>loss lasters</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