

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 **Dalmous Haltiwanger** of **4510 Lake Valley Drive**, **Hoover**, **AL 35244**, against all causes of action, suits, claims, counter claims and demands accruing to the said **Dalmous Haltiwanger** 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: \$2967.00 Date of admission: 05/27/13 & 05/31/13 Date of injury: 05/27/13 Date of discharge: 05/28/13 & 05/31/13

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: Country . Chris Cochran Esq.

Address: PO Box 2020 ,Bloomington, Il 61702

Name: Chris Cochran Esq.

Address: 1100 Park Pl Birmingham AL

Hospital Lien prepared by: Lois Winn

Duly authorized representative of Baptist Health Systems

The Outsource Group, 7 Audubon Road, Wakefield MA 01880

File#3904354 & 3911410

County of Massachusetts

On this, the ______ day of ______, 20_13_, 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.

BEVERLY A. LAIRD

Notary Public

COMMONWEALTH OF MASSACHUSETTS

My Commission Expires
February 17, 2017

Public Notary