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## RELEASE OF LIEN

Shelby Co. Lien Recorded: See Attached

The, Walker Baptist Medical Center through the undersigned lawful Agent thereof, does hereby release the following named parties:

Theresa Gann, 205 Blevins Rd Jasper, AL 35504

Said the release is in consideration of the satisfaction of Medical bills due said medical provider as a result of services Rendered Theresa Gann, being Account Number 002004340317

Sworn and subscribed to September 5<sup>th</sup>, 2013

Prepared by: Mary Perrier

Authorized Agent of Walker Baptist Medical Center

The Outsource Group File 3331159
7 Audubon Rd, Wakefield, MA 01880

Commonwealth of Massachusetts)

County of Mullery )SS:

20130923000381510 1/2 \$17.00 20130923000381510 1/2 \$17.00 Shelby Cnty Judge of Probate, AL 09/23/2013 11:01:39 AM FILED/CERT

On this, the day of day

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

Notary Public

BEVERLY A. LAIRD

Notary Public

COMMONWEALTH OF MASSACHUSETTS

My Commission Expires

February 17, 2017



Shelby Chty Judge of Probate, AL 09/20/2012 10:14:31 AM 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 Theresa Gann of 205 Blevins Rd, Jasper, AL 35504, against all causes of action, suits, claims, counter claims and demands accruing to the said Theresa Gann 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: \$7,308.00 Date of injury: 07/12/12

Date of admission: 07/12/12 Date of discharge: 07/12/12

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: Cotton States Insurance, clm# 303-0004655

Name: Logan Doss., Esq. Address: 13560 Morris Rd, #4000, Alpharetta, GA

30004

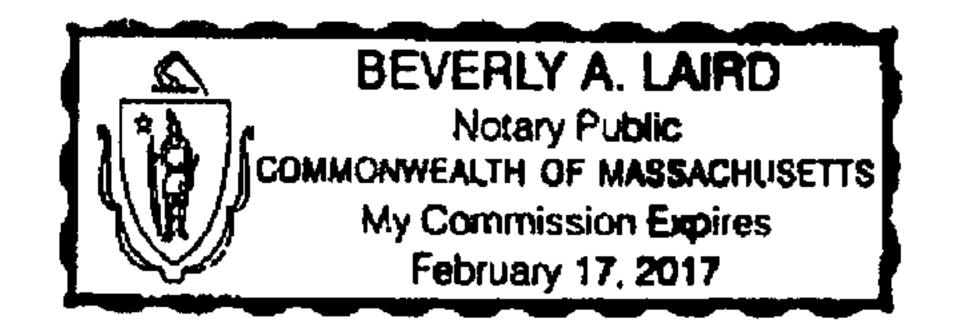
Address: 3626 Clairmont Ave S, Bham, AL 35246

Hospital Lien prepared by: Tien Nguyen Duly authorized representative of Baptist Health Systems The Outsource Group, 7 Audubon Road, Wakefield MA 01880 File# 3331159

Commonwealth of Massachusetts County of Miller W.

day of flegget, 20 14, before me a notary public, the undersigned person, personally appeared / key / 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.



**Public Notary** 



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Shelby Cnty Judge of Probate, AL 09/23/2013 11:01:39 AM FILED/CERT