

The
Outsource
Group

Providing insight. Driving results.

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 **002004449472**

Sworn and subscribed to September 5th, 2013

Prepared by: Mary Perrier

Authorized Agent of Walker Baptist Medical Center

The Outsource Group File 3382102 \ 7 Audubon Rd, Wakefield, MA 01880



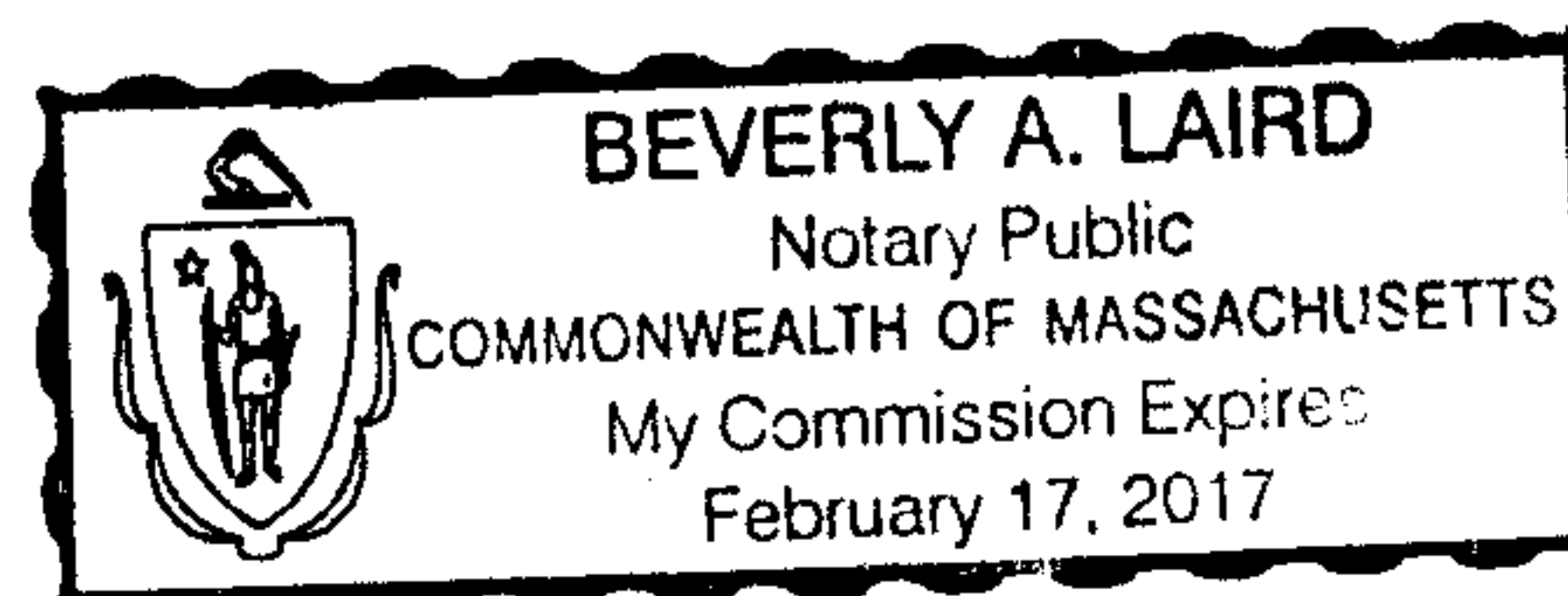
20130923000381520 1/2 \$17.00
Shelby Cnty Judge of Probate, AL
09/23/2013 11:01:40 AM FILED/CERT

Commonwealth of Massachusetts)

County of Middlesex)SS:

On this, the 5 day of Sept., 2013, before me a notary public, the undersigned person, personally appeared Mary Perrier, 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.

Notary Public

20121022000405220 1/1 \$12.00
Shelby Cnty Judge of Probate, AL
10/22/2012 03:01:10 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 **Theresa Gann** of **205 Blevens Road, Jasper AL 35504**, against all causes of action, suits, claims, counter claims and demands accruing to the said **Theresa Gann** 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: \$2811.00
Date of injury: 07/12/12

Date of admission: 08/28/12
Date of discharge: 08/28/12

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, ctm# 3003-0004655
Address: 13560 Morris Rd , Alpharetta, GA, 30004

Name: Atty Logan Doss
Address: 3626 Clairmont, Birmingham AL

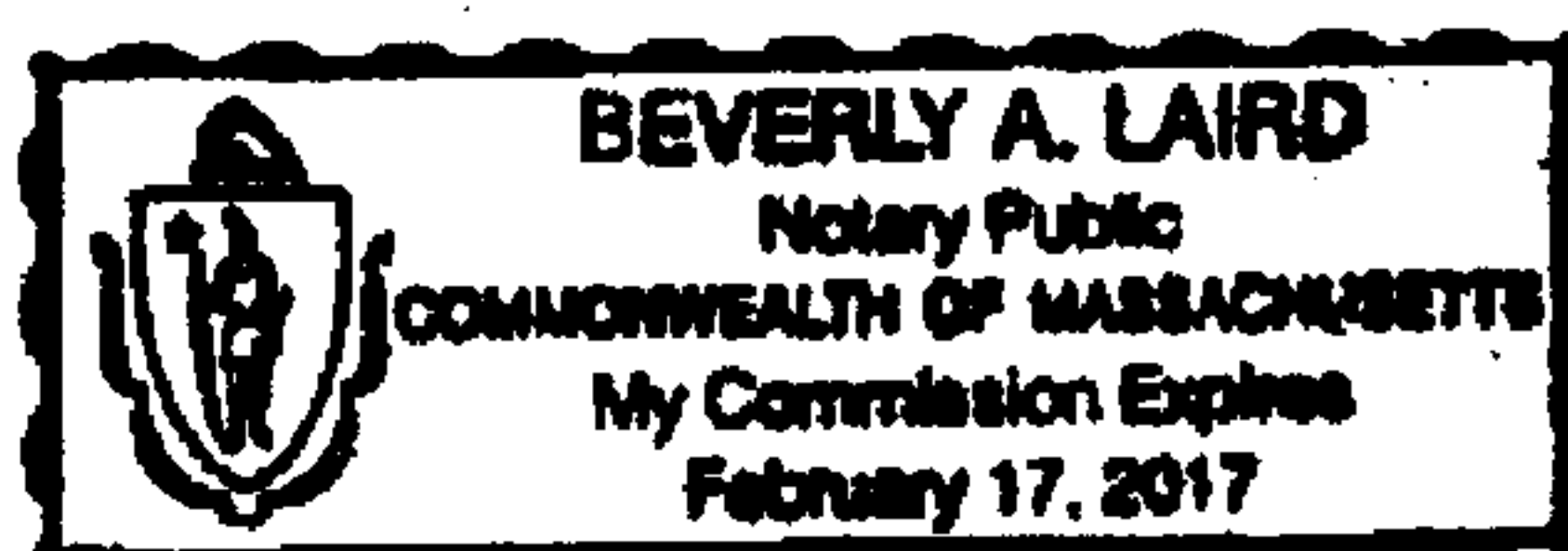
Hospital Lien prepared by: Lois Winn
Duly authorized representative of Baptist Health Systems
The Outsource Group, 7 Audubon Road, Wakefield MA 01880
File# 3382102

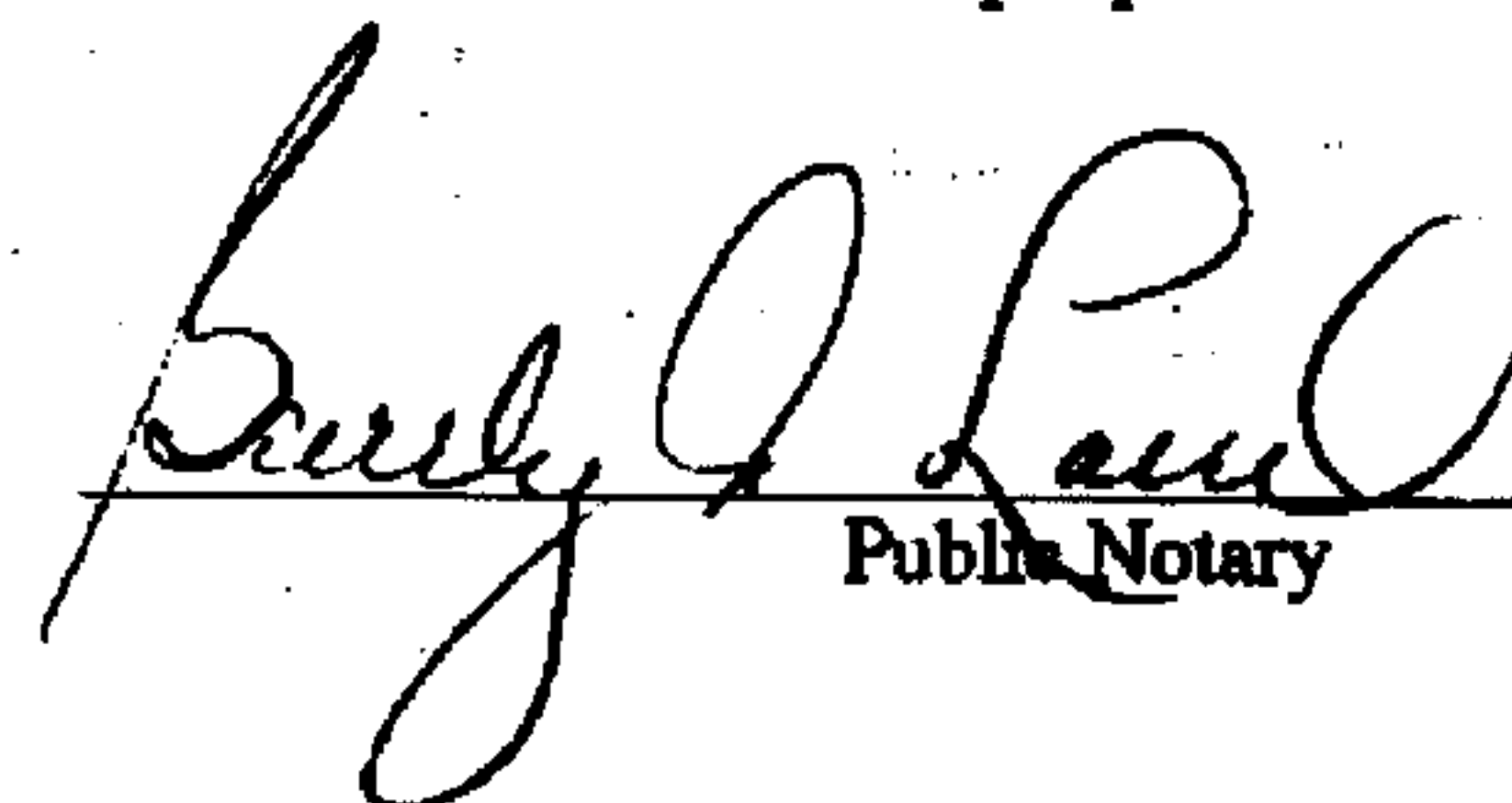
Commonwealth of Massachusetts
County of Massachusetts

20130923000381520 2/2 \$17.00
Shelby Cnty Judge of Probate, AL
09/23/2013 11:01:40 AM FILED/CERT

On this, the 4 day of Oct, 20 12, before me a notary public, the undersigned person, personally appeared Lois Winn 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