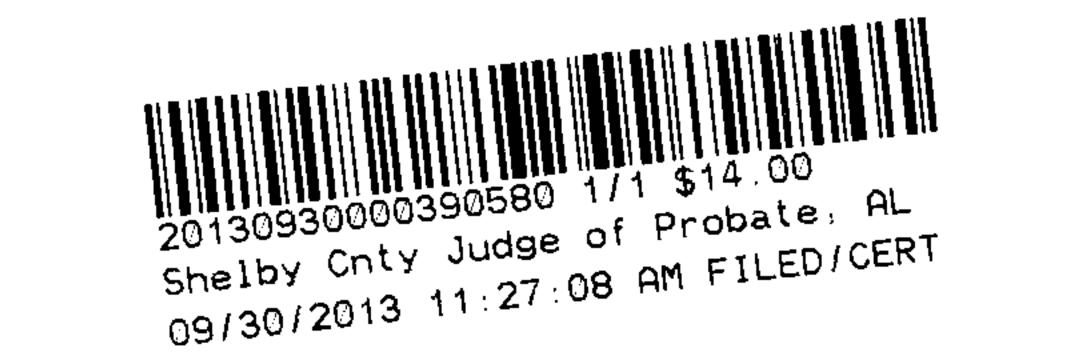
**TO:** Shelby County Probate Office

P.O Box 825

Columbiana, AL 35051



## NOTICE OF HOSPITAL LIEN

Under the provisions of Title 35, Chapter 11, Division 15, Code of Alabama, 1975, notice is hereby given that Shelby Baptist Medical Center under the Health Care Authority of the Baptist Health Foundation, Inc., whose address is 1000 1<sup>st</sup> Street, North, Alabaster, AL 35211, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name:

Thelma Zastawski

Address:

**P.O Box 70** 

Saginaw, AL 35137

Admit Date:

August 24, 2013

Discharge Date:

August 24, 2013

Amount Due:

\$ 2,385.00

To the best of the claimant's knowledge, the names and addresses of all persons, firms or corporations claimed by said injured person, or legal representative of said person, to be liable for damages arising from such injuries are as follows:

Progressive Insurance 133639537 P.O Box 512936 Los Angeles, CA 90051

Prepared By:

Kimberlee M. Fair, Authorized Agent

NOTARY PUBLIC

STATE OF MISSISSIPPI COUNTY OF ALCORN

and on behalf of said hospital.

MY COMMISSION EXPIRES:

LaTONYA A. GLOVER:

Commission Expires