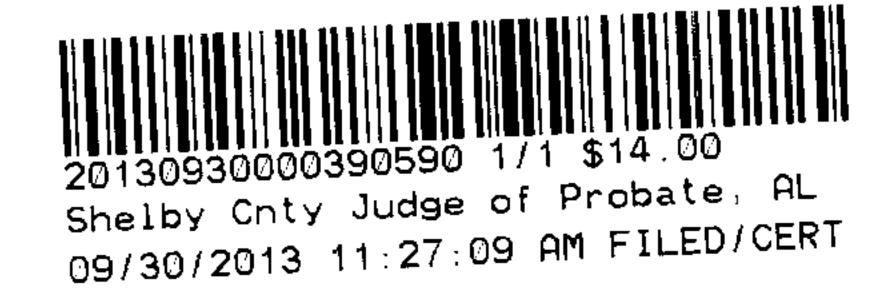
TO: Shelby County Probate Office

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 1st 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:

Laura Greenwood

Address:

21618 Hyde Drive

West Blocton, AL 35184

Admit Date:

August 22, 2013

Discharge Date:

August 22, 2013

Amount Due:

\$ 16,031.00

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:

State Farm Insurance 0123N6246 P.O Box 106145 Atlanta, GA 30348

Prepared By:

Kimberlee M. Fair, Authorized Agent

NOTARY PUBLIC

STATE OF MISSISSIPPI COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this day of day of the duly authorized agent/operator of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES:

ID # 93803

LaTONYA A. GLOVER:

Commission Expires Aug. 4, 2017