

411046400

TO: Shelby County Probate Office  
P.O Box 825  
Columbiana, AL 35051

20130930000390590 1/1 \$14.00  
Shelby Cnty Judge of Probate, AL  
09/30/2013 11:27:09 AM FILED/CERT

**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: **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 Fair

Kimberlee M. Fair, Authorized Agent

STATE OF MISSISSIPPI  
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this 10<sup>th</sup> day of Sept., 2013, by Kim Fair 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  
NOTARY PUBLIC