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Shelby Cnty Judge of Probate, AL
09/30/2013 11:27:11 AM FILED/CERT

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: **Bertha Esquivel**
Address: **831 30th South, Apt C6**
Birmingham, AL 35205

Admit Date: **August 17, 2013**
Discharge Date: **August 17, 2013**

Amount Due: **\$ 1,126.00**

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:

Farmers Insurance
8002084572-1-7
P.O Box 268993
Oklahoma City, OK 73126

Prepared By: _____

Kimberlee M. Fair, Authorized Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this 12th 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: _____



[Signature]
NOTARY PUBLIC