

411054034

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

20131002000395050 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
10/02/2013 12:51:00 PM 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 1st Street North Alabaster, AL 35007, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name: **Wendell Calhoun**
Address: **65 Cherokee Drive**
Wilsonville, AL 35186

Admit Date: **September 12, 2013**
Discharge Date: **September 12, 2013**

Amount Due: **\$ 23,380.00**

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:

Alfa
X04-3193
2692 E. Pelham Pkwy
Pelham, AL 35124

Prepared By: _____

Austin Gray, Authorized Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this 27th day of Sept, 2013, by Austin Gray the duly authorized agent/operator of the above named health care provider for and on behalf of said hospital.

Amy E. Lambert
NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

