

**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 35007, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name: **Molly Gray**  
Address: **129 Maple Street**  
**Columbiana, AL 35114**  
Admit Date: **September 13, 2013**  
Discharge Date: **September 13, 2013**  
Amount Due: **\$932.00**

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:

**Allstate - 0299707876**  
**P. O. Box 385004**  
**Birmingham, AL**

**Allstate Insurance - 0299707876**  
**P.O. Box 440519**  
**Kennesaw, GA**

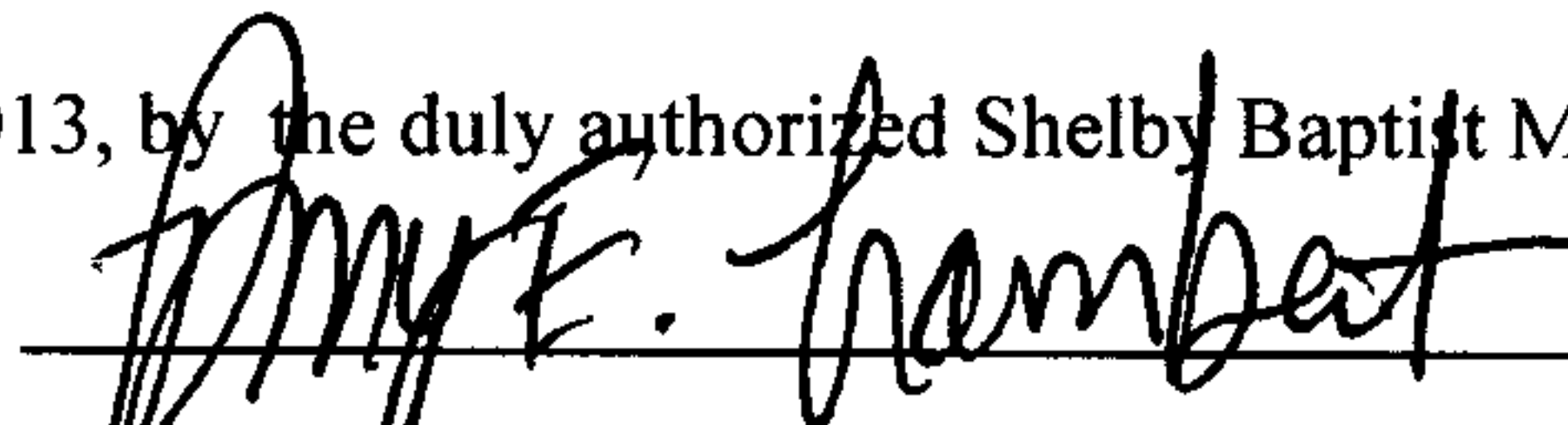
  
20131007000402470 1/1 \$14.00  
Shelby Cnty Judge of Probate, AL  
10/07/2013 03:30:09 PM FILED/CERT

BY:   
**Austin Gray, Agent**

STATE OF MISSISSIPPI  
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Monday, September 30, 2013, by the duly authorized Hospital of the above named health care provider for and on behalf of said hospital.

The foregoing statement was acknowledged and verified before me this 2013, by the duly authorized Shelby Baptist Medical

  
**NOTARY PUBLIC**

MY COMMISSION EXPIRES: \_\_\_\_\_

