

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 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: **James Whisnant**
Address: **417 Ann Ave**
Columbiana, AL 35045
Admit Date: **August 7, 2013**
Discharge Date: **August 7, 2013**
Amount Due: **\$667.00**

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 - 8001464439-1-2
P.O. Box 268993
Oklahoma City, OK

Progressive - 134311538
46333 Five Mile Road 300
Plymouth, MI

BY: _____

Austin Gray

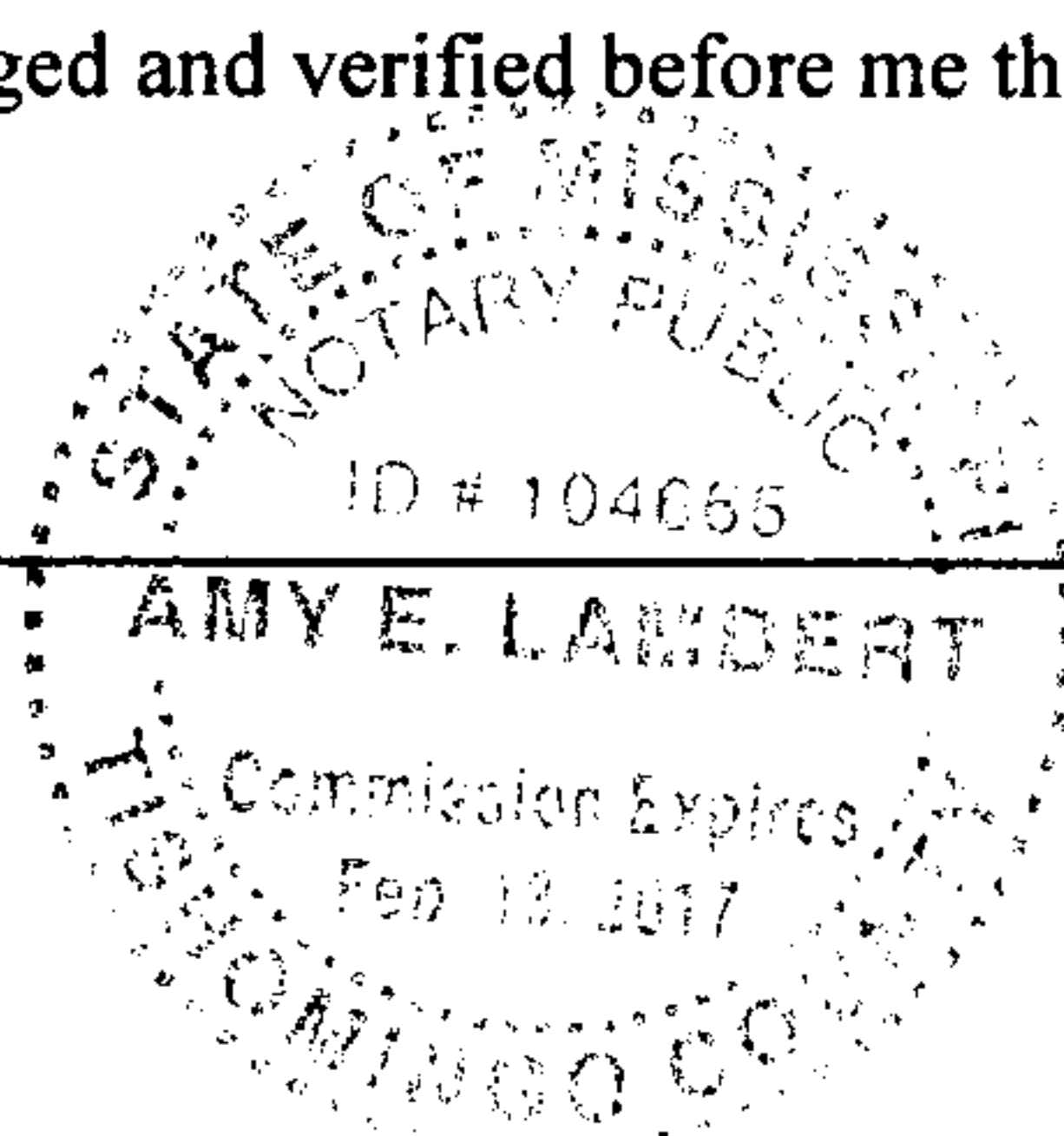
Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Thursday, September 19, 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

MY COMMISSION EXPIRES: _____



Amy E. Lambert
NOTARY PUBLIC

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Shelby Cnty Judge of Probate, AL
10/07/2013 03:30:25 PM FILED/CERT