


411054725

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


20131009000404920 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
10/09/2013 12:01:48 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: **Tiffany Pardue**
Address: **5405 Old Highway 280**
Columbiana, AL 35185
Admit Date: **September 14, 2013**
Discharge Date: **September 14, 2013**
Amount Due: **\$2,154.00**

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 Insurance - X0600004010
2692 Pelham Pkwy Suite E
Pelham, AL

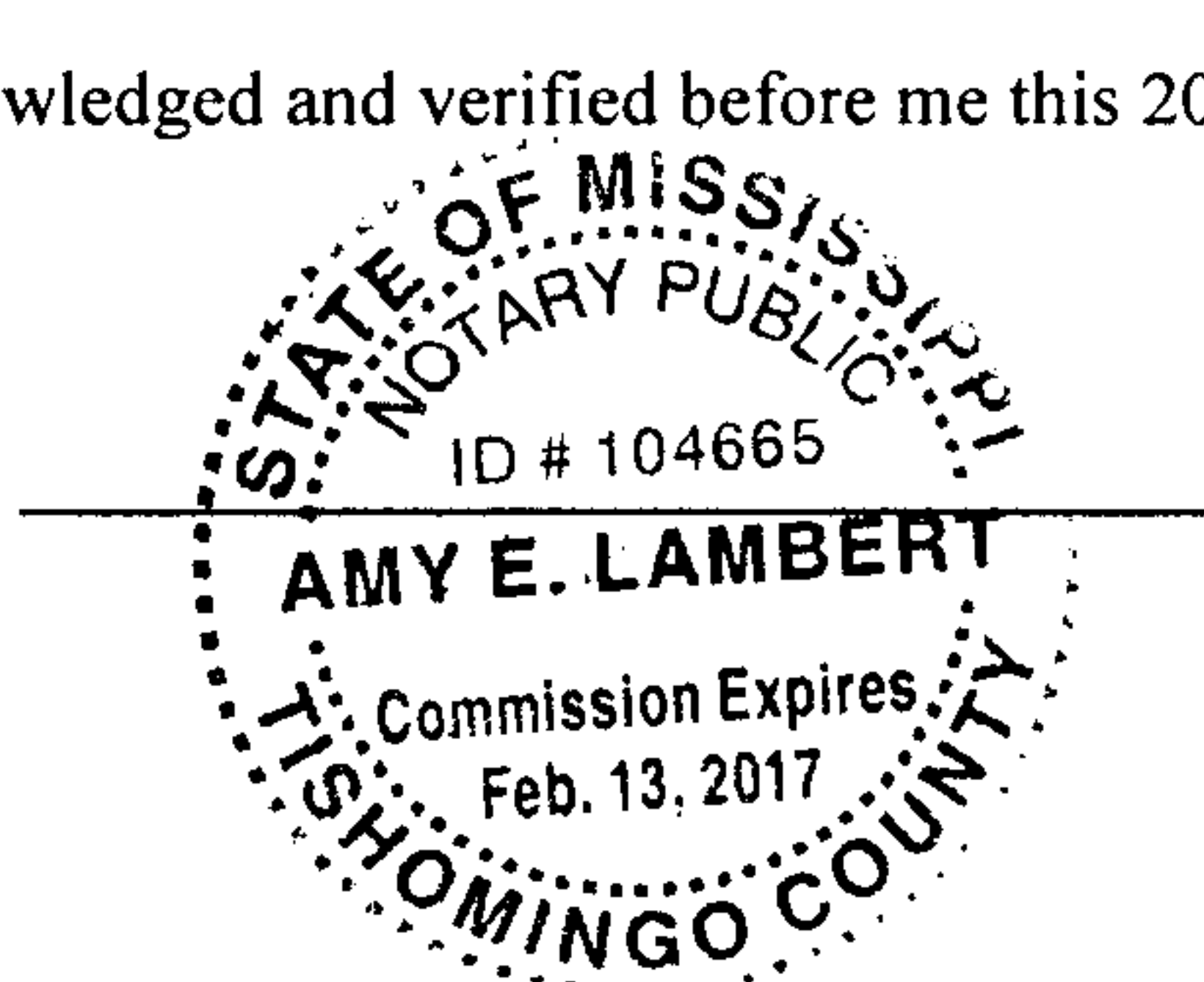
BY:  **Shelby Baptist Medical Center**
Agent

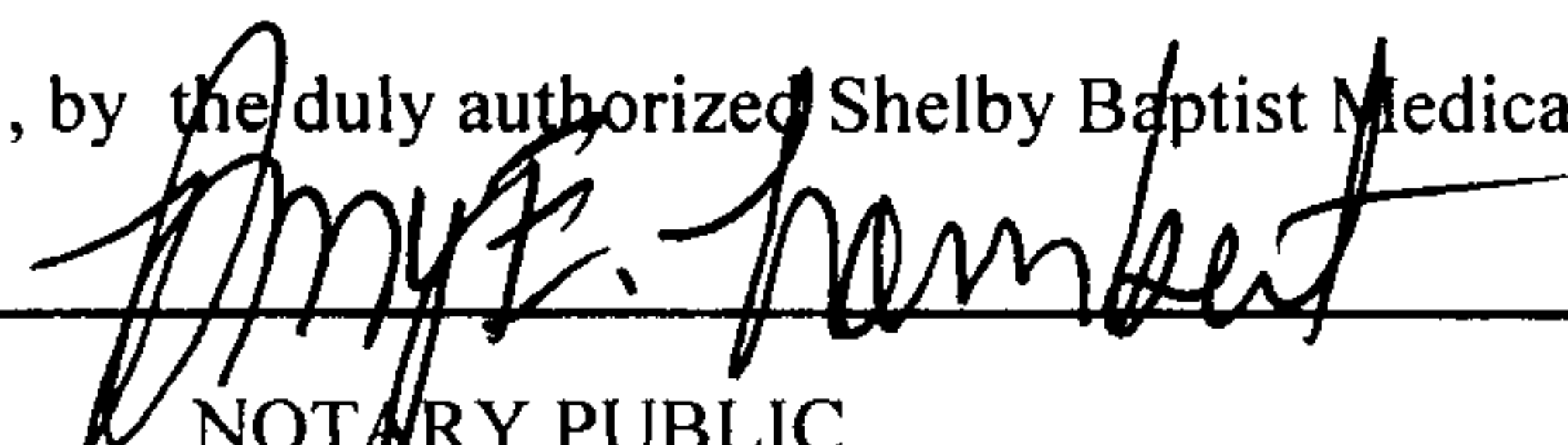
STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Wednesday, September 25, 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:




NOTARY PUBLIC

Prepared By:
Austin Gray
P.O Box 1465
Corinth, MS 38834