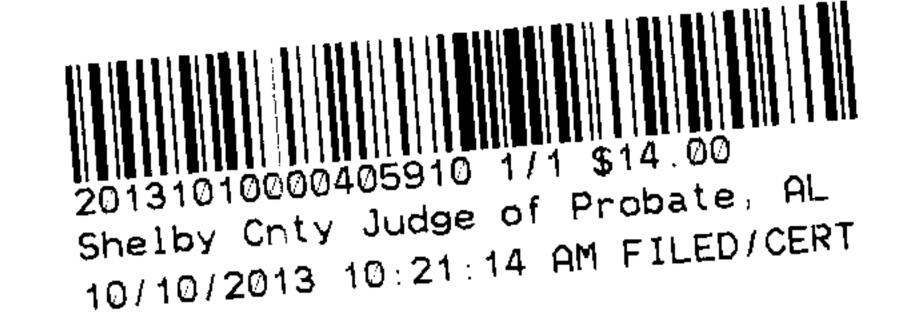
TO:

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 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:

Lisa Willis

Address:

256 Wilson Circle

Columbiana, AL 351717740

Admit Date:

July 25, 2013

Discharge Date:

July 28, 2013

Amount Due:

\$31,855.47

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:

\* Under Alabama code Section 35-11-371 (1975), the filing of this lien constitutes notice to any persons liable for such damages whether or not are named herein

MY COMMISSION EXPIRES:

LaTONYA A. GLOVER :

ID # 93803

Commission Expires

Kimberlee M. Fair P.O Box 1465

Corinth, MS 38834

Prepared by:

NOTARY PUBLIC