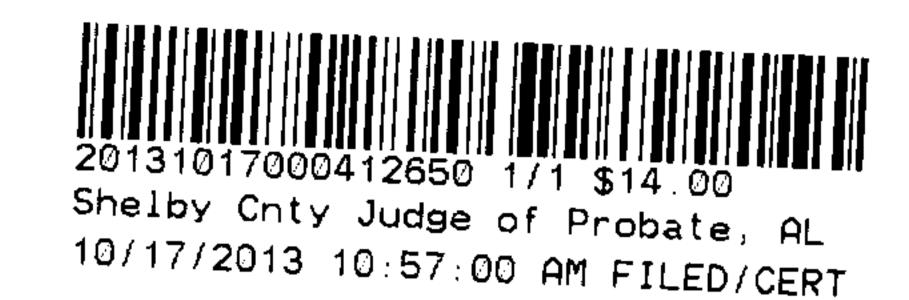
**TO:** Shelby County Probate Office

P.O. Box 825

Columbiana, AL 35051



## NOTICE OF HOSPITAL LIEN

Under the provisions of Title 35, Chapter 11, Division15, 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:

Jurvan Tartt

Address:

1636 33rd Street

Columbiana, AL 35208

Admit Date:

August 23, 2013

Discharge Date:

August 23, 2013

Amount Due:

\$1,519.00

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:

\* 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

STATE OF MISSISSIPPI COUNTY OF ALCORN

BY:

The foregoing statement was acknowledged and verified before me this 1412 day of

AMY E. LAMBERT

Commission Expires.

Ochher, 2013, by <u>Linsfai</u>

\_ the duly authorized Shelby Baptist Medical

Center of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES:

NOTARY PUBLIC

Prepared By.

Kimberlee M. Fair

P.O Box 1465

Corinth, MS 38834