411060100

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:	**Jerry Hill**
Address:	**42 Rowe Hill** **Columbiana, AL 35186**
Admit Date:	**September 28, 2013**
Discharge Date:	**September 28, 2013**
Amount Due:	**$10,317.00**

20131017000412660 1/1 $14.00
Shelby Cnty Judge of Probate, AL
10/17/2013 10:57:01 AM FILED/CERT

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:

State Farm - 013D97729
P.O. Box 106151
Atlanta, GA

BY: _____
Shelby Baptist Medical Center
Agent

STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Monday, October 14, 2013, by Kimberlee M. Fair, 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

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NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

STATE OF MISSISSIPPI NOTARY PUBLIC ID # 104665 AMY E. LAMBERT Commission Expires Feb. 13, 2017 TISHOMINGO COUNTY

Prepared By:
Kimberlee M. Fair
P.O Box 1465
Corinth, MS 38834