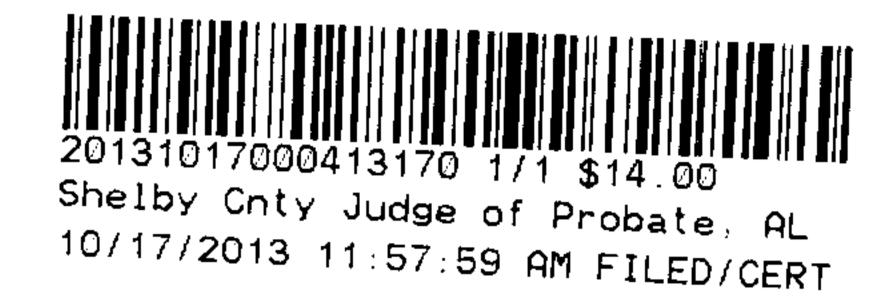
TO:

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:	Julius White	
Address:	27520 Highway 25	
	Columbiana, AL 35186	
Admit Date:	September 14, 2013	
Discharge Date:	September 14, 2013	
Amount Due:	\$1,541.00	
o the best of the claimant's erson, or legal representative	knowledge, the names and addresses of alve of said person, to be liable for damages	Il persons, firms or corporations claimed by said injure arising from such injuries are as follows:
Allstate	Insurance - 0299590942	
Auto Inj	ury ClaimsP O Box 440519	
Kennesa	w, GA	
		Shelby Baptist Medical Center
	Prepared by:	
TATE OF MISSISSIPPI		Kimberlee M. Fair, Agent P.O Box 1465, Corinth, MS 38834
COUNTY OF ALCORN		1.0 Dox 1405, Colling, Mis 50054
		; <b>!</b> .
The foregoing statement was a lospital of the above named be	acknowledged and verified before me this Whealth care provider for and on behalf of said	ednesday, October 9, 2013. by the duly authorized hospital.
	- 1 1- 1 1 1 1 1	112 by the duly outborined Chelby Deptiet Medical
ne foregoing statement was a	acknowledged and verified before me this 20	13, by the duly authorized Shelby Baptist Medical
		NOTARY PUBLIC
MY COMMISSION EXPIRE		