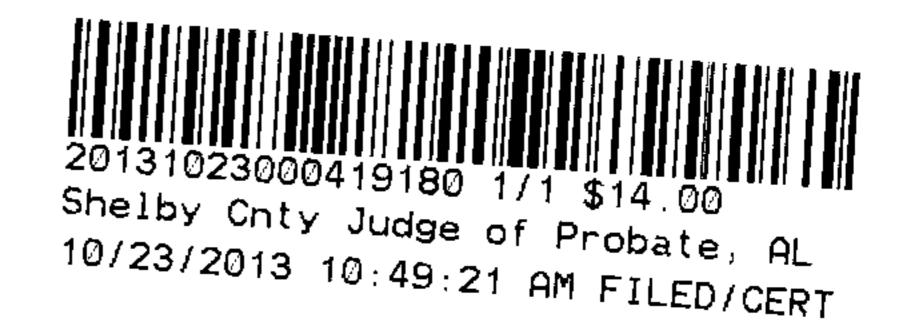
TO: Shelby County Probate Office

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:

Carolyn Barnes

Address:

235 Park Lake Trace

Columbiana, AL 35080

Admit Date:

October 3, 2013

Discharge Date:

October 3, 2013

1D # 93803

LaTONYA A. GLOVER

Commission Expires.

Amount Due:

\$1,640.00

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:

State Farm - 01351S841 P. O. Box 106145 Atlanta, Ga

Prepared By:

STATE OF MISSISSIPPI COUNTY OF ALCORN Shelby Baptist Medical Center

Kimberlee M. Fair, Agent P.O Box 1465, Corinth, MS 38834

The foregoing statement was acknowledged and verified before me this Wednesday, October 16, 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 Auly authorized Shelby Paptist Medical

MY COMMISSION EXPIRES:

NOTARY PUBLIC