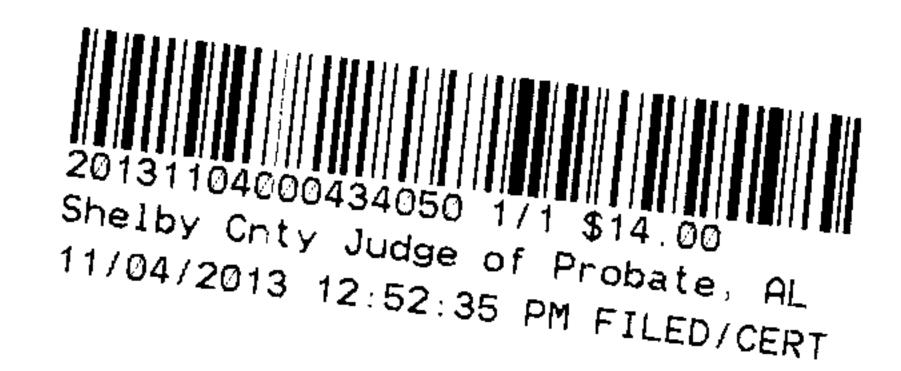
TO: Shelby County Probate Office

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: Donald Giles

Address: 335 County Road 407

Columbiana, AL 35046

Admit Date:

September 05, 2013

Discharge Date:

September 05, 2013

Amount Due:

\$1,170.00

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	BY:	
COUNTY OF ALCORN		
The foregoing statement was acknowledged, 2013, by	ged and verified	pefore me this 24th day of
Medical Center of the above named healt	h care provider f	or and on behalf of said hospital.
OF N	liss;	The Collins
MY COMMISSION EXPIRES (50')	S. S.	NOTARY PUBLIC
* • "TITEO'	803	
LaTONYA A.	GLOVER:	Prepared By.
Commission E Aug. 4, 20	xpires	Kimberlee M. Fair
	17	P.O Box 1465
, · · · · · · · · · · · · · · · · · · ·) N	Corinth, MS 38834