


**PREPARED BY:**  
FISCHER | SCOTT LLC  
P.O BOX 2726  
COLUMBUS, GA 31902-2726  
(706) 660-5507

  
20131105000436670 1/1 \$14.00  
Shelby Cnty Judge of Probate, AL  
11/05/2013 02:01:14 PM FILED/CERT

**HOSPITAL LIEN**

**STATE OF ALABAMA: COUNTY OF SHELBY:**

TO THE PROBATE COURT AND CLERK OF PROBATE COURT OF SAID COUNTY:

Notice is hereby given to all persons, firms and corporations, including

REF #: CVMC046451  
SHAYLA ASHLEY  
108 7TH AVE SE  
CHILDERSBURG, AL 35044

STATE FARM  
ATTENTION: LARK MITCHELL  
PO BOX 106145  
ATLANTA, GA 30308  
CLAIM NUMBER: 03107P884

STEVE SMITH  
ALEXANDER SHUNNARAH PERSONAL INJURY  
ATTORNEYS  
3626 CLAIRMONT AVENUE S.  
BIRMINGHAM, AL 35222


KEN RAY BLANKENSHIP  
11590 HWY 280  
WESTOVER, AL 35185

that Sylacauga Health Care Authority d/b/a Coosa Valley Medical Center, 315 West Hickory Street, Sylacauga, AL 35150, operated by Sylacauga Health Care Authority d/b/a Coosa Valley Medical Center, 315 West Hickory Street, Sylacauga, AL 35150 has treated as a patient SHAYLA ASHLEY who resides at 108 7TH AVE SE, CHILDERSBURG, AL 35044 and who was admitted for treatment at Coosa Valley Medical Center, 315 West Hickory Street, Sylacauga, AL 35150 on 06/11/2013 and discharged on 06/11/2013 and said patient incurred charges in the amount of \$1,195.75 for hospital care and treatment. Coosa Valley Medical Center hereby creates a lien up to the maximum allowable amount of any obtained or recovered damages which the patient or his/her legal representative may receive or be entitled to receive, whether by judgment, settlement, or compromise, from any and all causes of action, suits, claims, counterclaims or demands accruing to the patient, all in accord with the provisions of Code of ALA. § 35-11-370 et. seq. The above named persons, firms or corporations, if any, are claimed by the patient or his legal representative to be liable for said injuries and such persons, firms or corporations are so listed to the best of claimant's knowledge. This lien is for the amount being claimed is fair and reasonable for the services rendered.

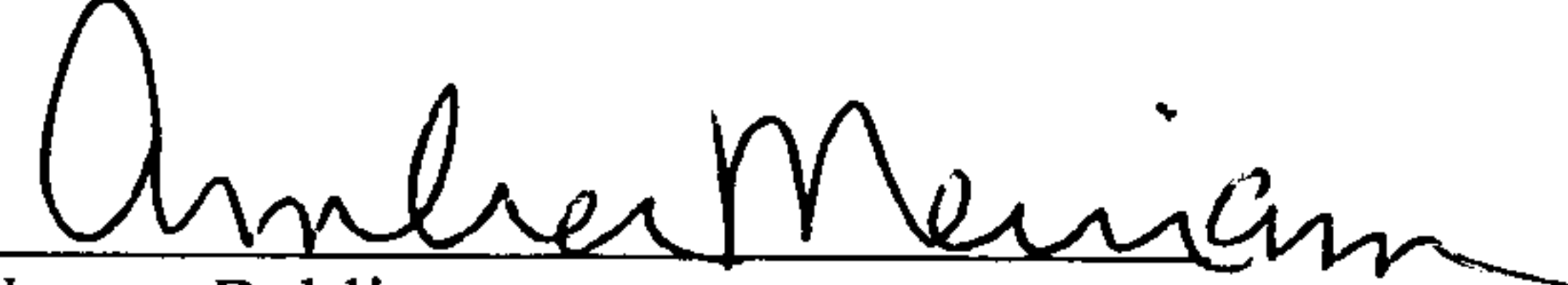
**STATE OF GEORGIA: COUNTY OF MUSCOGEE:**

Personally appeared before the undersigned attesting officer, duly authorized by law to administer oaths, the undersigned, who on oath, deposes and says that he is authorized to make this affidavit on behalf of Coosa Valley Medical Center and the statements contained in the above and foregoing lien are true to the best of his knowledge and belief.

Coosa Valley Medical Center

By:   
Bobby L. Scott, Attorney at Law

Sworn to and subscribed before me  
This 4th day of November, 2013

  
Notary Public

Fed Ex Tracking No: 797069361829

