411055788

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:	**Cleveland Fields**
Address:	**1436 Sequoia Trail** **Columbiana, AL 35007**
Admit Date:	**September 17, 2013**
Discharge Date:	**September 17, 2013**
Amount Due:	**$189.37**

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:

Progressive Insurance Company - 131944437
P. O. Box 512926
Los Angeles, CA

State Farm Insurance - 6348
P O Box 106145
Atlanta, GA

Shelby Baptist Medical Center

BY: _____
Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Tuesday, November 5, 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 duly authorized Shelby Baptist Medica

_____
NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

STATE OF MISSISSIPPI
NOTARY PUBLIC
ID # 93803
LaTONYA A. GLOVER
Commission Expires
Aug. 4, 2017
ALCORN COUNTY

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

20131112000445560 1/1 $14.00
Shelby Cnty Judge of Probate, AL
11/12/2013 03:41:16 PM FILED/CERT