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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 the Shelby Baptist Medical Center under the 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: **Deborah Hudson**
Address: **P O Box 218**
Wilton, AL 35187

Admit Date: **October 2, 2013**
Discharge Date: **October 2, 2013**

Amount Due: **\$ 1,577.00**

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 they are named herein.**

PREPARED BY: _____

Kimberlee M. Fair, Authorized Agent

Prepared by: Kimberlee M. Fair

P. O. Box 1465

Corinth, MS 38835

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this 13th day of November, 2013, by Kimberlee M. Fair the duly authorized agent/operator of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES:



NOTARY PUBLIC
Amy E. Lambert



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Shelby Cnty Judge of Probate, AL
11/18/2013 03:55:02 PM FILED/CERT