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20131119000452940 1/2 \$17.00
Shelby Cnty Judge of Probate, AL
11/19/2013 11:59:31 AM FILED/CERT

RELEASE OF LIEN

SHELBY COUNTY Lien Recorded: SEE ATTACHED

The Shelby Baptist Medical, through the undersigned lawful Agent thereof, does hereby release the following named parties:

Belenda Galla, 1405 Allen Brook Dr. Charlotte, NC 28208

Said the release is in consideration of the satisfaction of Medical bills due said medical provider as a result of services Rendered **Belenda Galla**, being Account Number 004007162029

Sworn and subscribed to October 31, 2013

Prepared by: **Debra Aroian**
Authorized Agent of Shelby Baptist Medical Center
The Outsource Group File # 3249837
7 Audubon Rd, Wakefield, MA 01880

Commonwealth of Massachusetts)

County of Middlesex SS:


On this, the 31 day of Oct., 20 13, before me a notary public, the undersigned person, personally appeared Debra Aroian known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

Notary Public

STATE OF ALABAMA HOSPITAL LIEN

To: Honorable James W. Fuhrmeister
Recording Office
Shelby County Judge of Probate
PO Box 825
Columbiana AL 35051

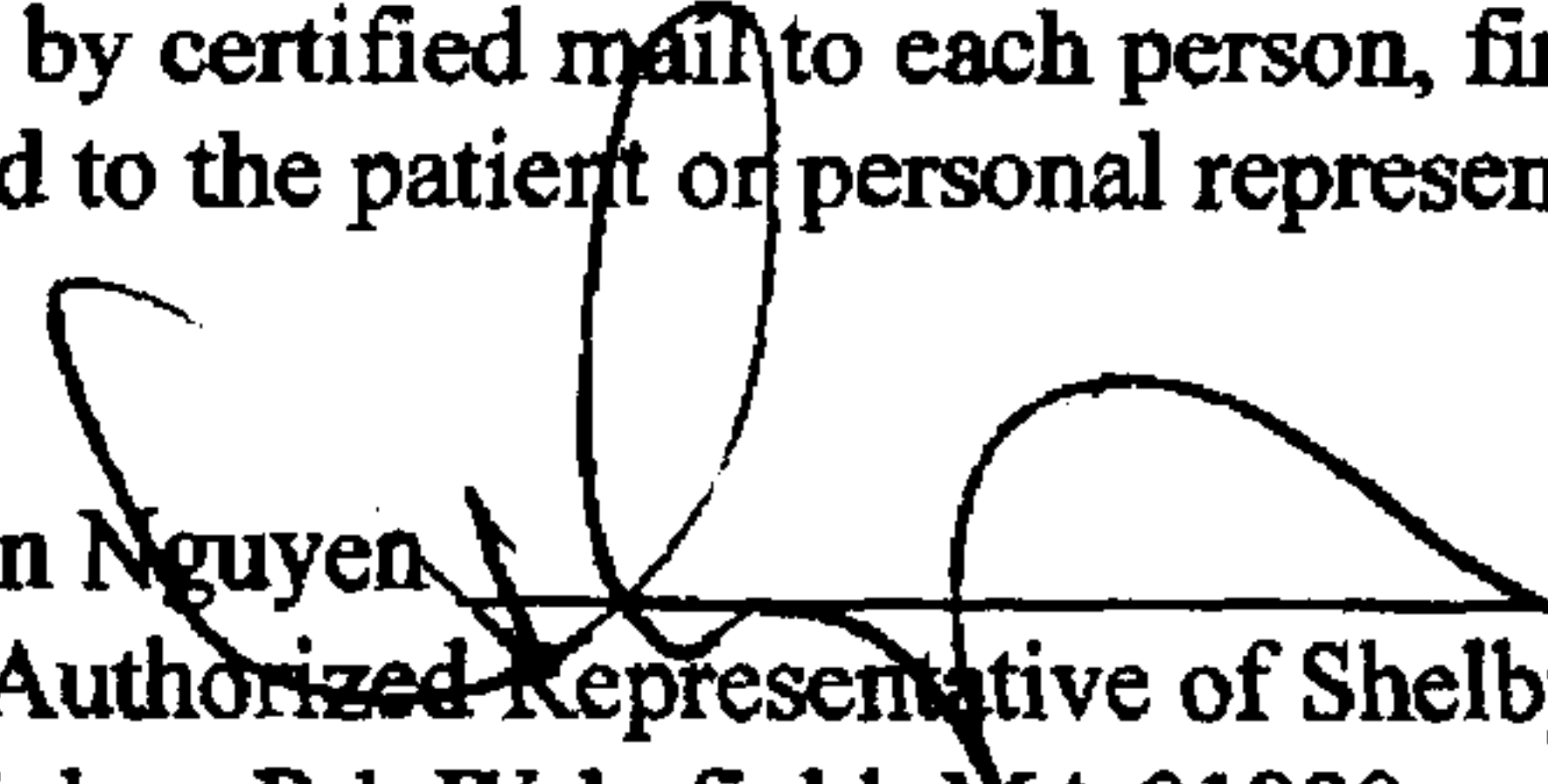

20120716000254230 1/1 \$12.00
Shelby Cnty Judge of Probate, AL
07/16/2012 02:01:08 PM FILED/CERT


Dear Sir/Madam:

Please be advised that Baptist Health Systems Hospital claims a lien upon any funds recoverable or to be recovered by verdict, judgment, award, settlement or compromise secured by or on behalf of the injured person on his or her claim or right of action pursuant to the Code of Alabama (Title 35, Chapter 11, Sec. 370) with reference to the following matter:

- | | | |
|----|--|---|
| 1. | Name of injured person:
Address: | Belenda Galla
1405 Allen Brook Dr, Charlotte, NC 28208 |
| 2. | Name of Hospital:
Address: | Shelby Baptist Medical
833 Princeton Ave SW
Birmingham AL 35211 |
| 3. | Name of Hospital Operator:
Address: | The Outsource Group
7 Audubon Rd., Wakefield MA 01880 |
| 4. | Date of Admission of Patient:
Date of Discharge | 04/17/12
04/17/12 |
| 5. | Amount due for hospital care: | \$11,114.00 |
| 6. | Name of Party alleged liable for
Address: | State Farm Insurance, clm# 01-117R-759
PO Box 10003, Deluth, GA 30096 |

In accordance with the provision of the Code of Alabama, 35-11-371(a), a copy of this statement of lien has been or will be forwarded by certified mail to each person, firm or corporation alleged to be liable for the patient's injuries, and to the patient or personal representative at the address given at the time of admission.

Prepared by: Tien Nguyen  File# 3249837
Duly Authorized Representative of Shelby Baptist Hospital
7 Audubon Rd, Wakefield, MA 01880


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