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20131126000462140 1/1 $14.00
Shelby Cnty Judge of Probate, AL
11/26/2013 08:10:44 AM FILED/CERT

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 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:	**Raymond Miles**
Address:	**83 Southern Hills Drive**
	Calera, AL 35040
Admit Date:	**October 26, 2013**
Discharge Date:	**October 26, 2013**
Amount Due:	**$ 1,361.00**

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:

Esurance
ATL0105704
P. O. Box 4410
Alpharetta, GA 33619

Prepared By: _____
Kimberlee M. Fair, Authorized Agent

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

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this 18th day of Nov, 2013, by Kim Fair the duly authorized agent/operator of the above named health care provider for and on behalf of said hospital.

_____
NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

STATE OF MISSISSIPPI
NOTARY PUBLIC
ID # 104665
AMY E. LAMBERT
Commission Expires
Feb. 13, 2017
TISHOMINGO COUNTY