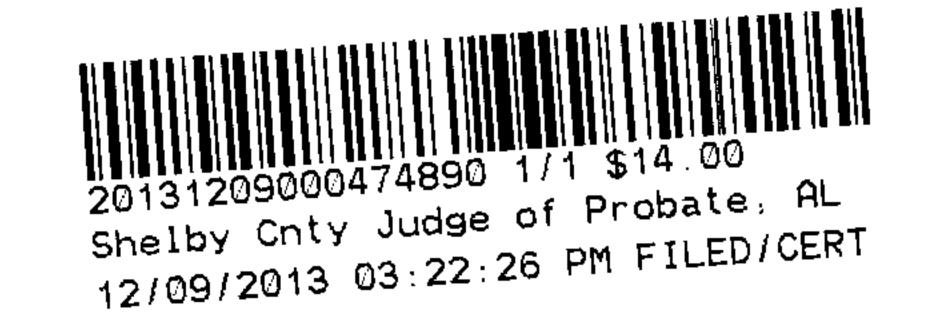
TO: Shelby County Probate Office

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 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:

Lora Ferguson

Address:

Po Box 38

Columbiana, AL 35043

Admit Date:

November 15, 2013

Discharge Date:

November 15, 2013

Amount Due:

\$3,534.00

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:

> ALFA - X0400003281 2692 E. Pelham Pkwy. Pelham, AL

State Farm Insurance - 01368H085 **Auto Claims CentralP O Box 106145** Atlanta, GA

Shelby Baptist Medical Center

Prepared By:

STATE OF MISSISSIPPI COUNTY OF ALCORN

Kimberlee M. Fair, Agent P.O Box 1465, Corinth, MS 38834

The foregoing statement was acknowledged and verified before me this Monday, December 2, 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 Medical

MOTARY PUBLIC

MY COMMISSION EXPIRES:

LaTONYA A. GLOVER