

**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: **Kay Boyd**  
Address: **221 Leaf Lane**  
**Columbiana, AL 35007**  
  
Admit Date: **November 27, 2013**  
Discharge Date: **November 27, 2013**  
Amount Due: **\$1,189.00**

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:

**State Farm Insurance - 013L77237**  
**Claims Department 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 Friday, December 6, 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

MY COMMISSION EXPIRES: \_\_\_\_\_



*[Signature]*  
\_\_\_\_\_  
NOTARY PUBLIC



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Shelby Cnty Judge of Probate, AL  
12/26/2013 09:20:49 AM FILED/CERT