

TO: Shelby County Probate Office
P.O. Box 825
Columbiana, AL 35051

20140102000000920 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
01/02/2014 01:21:05 PM FILED/CERT

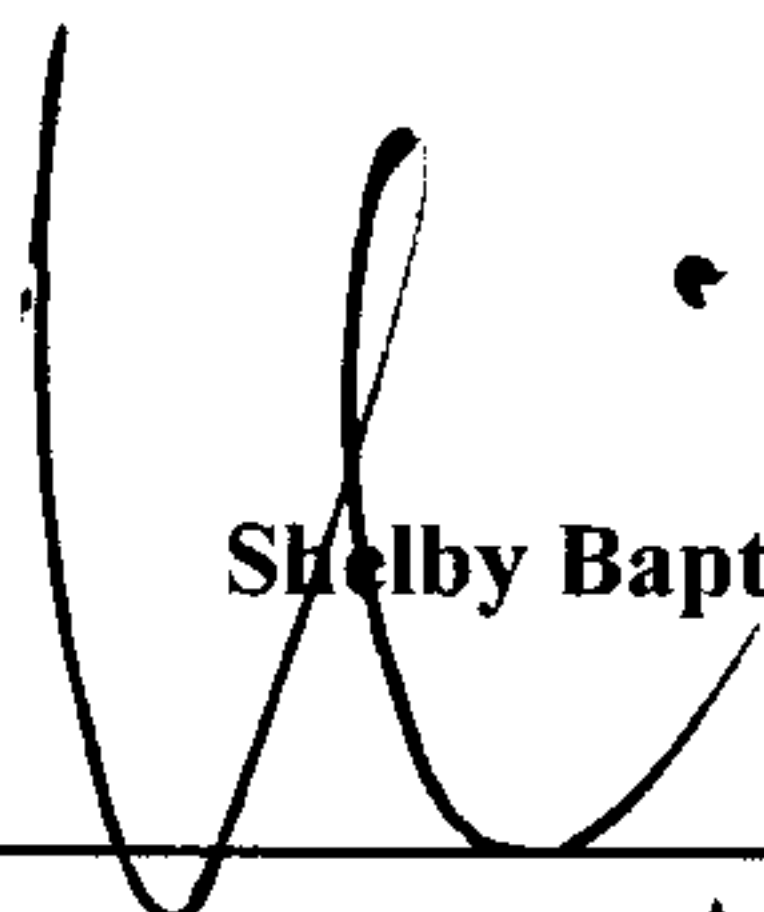
NOTICE OF HOSPITAL LIEN

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: **Jenny Blaylock**
Address: **1502 Hillsboro Lane**
Columbiana, AL 35080
Admit Date: **May 16, 2013**
Discharge Date: **May 16, 2013**
Amount Due: **\$1,501.00**

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:

Travelers Insurance - HRL2858
CF # 1816
Alpharetta, GA

BY: 
Shelby Baptist Medical Center
Agent


STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Friday, December 27, 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: _____




NOTARY PUBLIC