

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


20140103000003150 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
01/03/2014 11:55:28 AM 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: **Amber Hallenbeck**
Address: **130 Cherokee Street Apt C**
Columbiana, AL 35115
Admit Date: **December 11, 2013**
Discharge Date: **December 11, 2013**
Amount Due: **\$1,690.00**

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 - H05-4482
1101 Walnut St
Centerville, AL

Shelby Baptist Medical Center

BY: _____

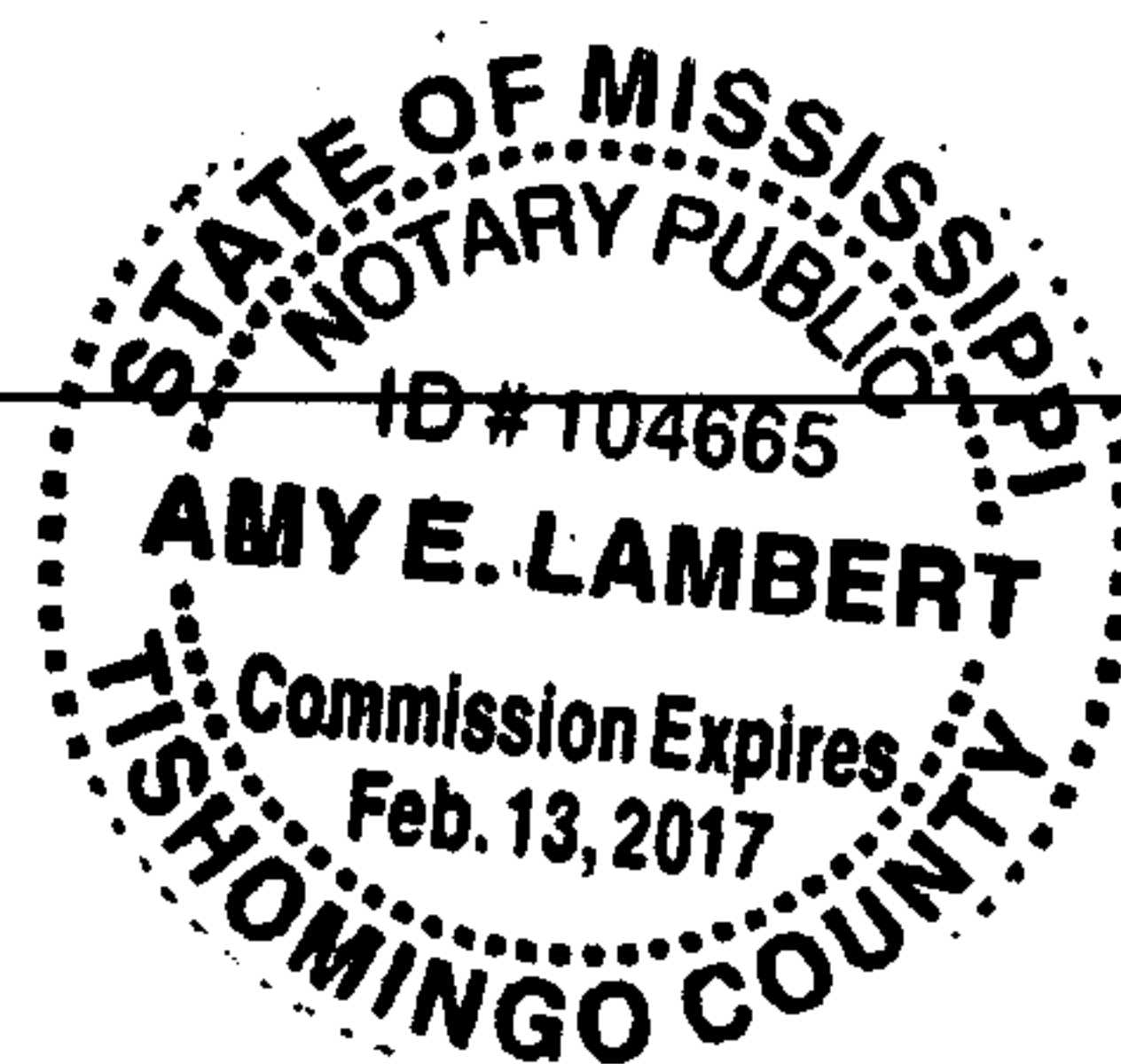
Austin Gray
Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Monday, December 30, 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 Center

MY COMMISSION EXPIRES: _____



Amy E. Lambert

NOTARY PUBLIC

Prepared by: Austin Gray
P.O. Box 1465
Corinth, MS 38834