


**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: \_\_\_\_\_

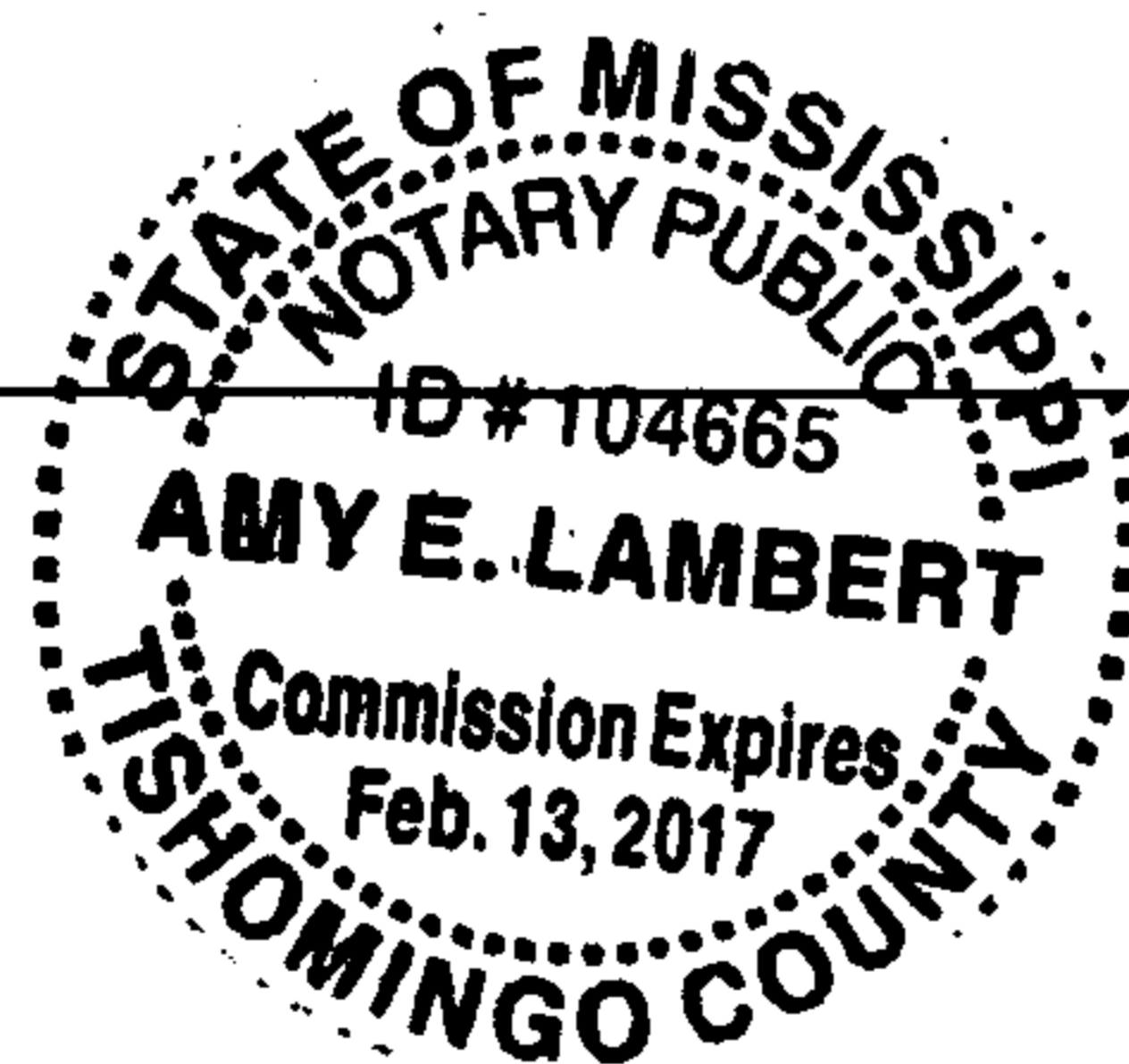
*Austin Gray*  
**Agent**

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