


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


20140109000009520 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
01/09/2014 03:39:59 PM FILED/CERT

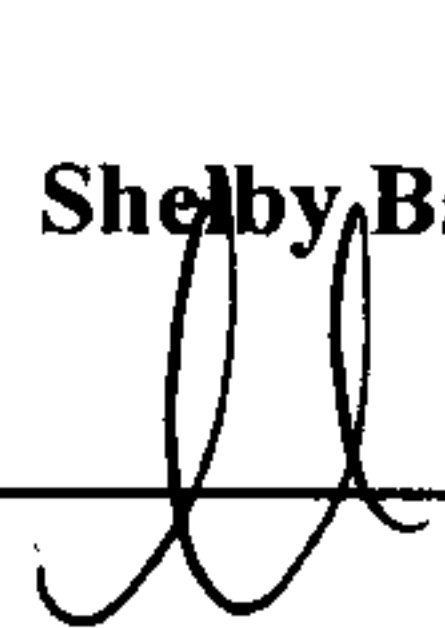
NOTICE OF HOSPITAL LIEN

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: **Jarrold Myles**
Address: **7708 Nickels Avenue**
Columbiana, AL 35206
Admit Date: **November 29, 2013**
Discharge Date: **November 29, 2013**
Amount Due: **\$3,216.00**

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:

Auto Owners Insurance - 2-5598-2013
P.O. Box 421399
Indianapolis, IN

Shelby Baptist Medical Center
BY:  _____
Agent

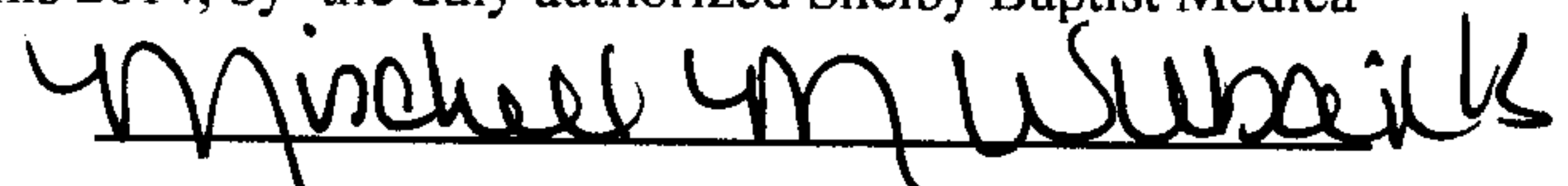
STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Friday, January 3, 2014, 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 2014, by the duly authorized Shelby Baptist Medical Center

MY COMMISSION EXPIRES: _____




NOTARY PUBLIC

Prepared By:
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P.O Box 1465
Corinth, MS 38834