

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

20140115000013890 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
01/15/2014 11:09:29 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: **Catalino Hernandez**
Address: **1885 County Road 152**
Columbiana, AL 35085
Admit Date: **November 30, 2013**
Discharge Date: **November 30, 2013**
Amount Due: **\$4,499.00**

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 - 01375J893
P.O. BOX 106145
Atlanta, GA

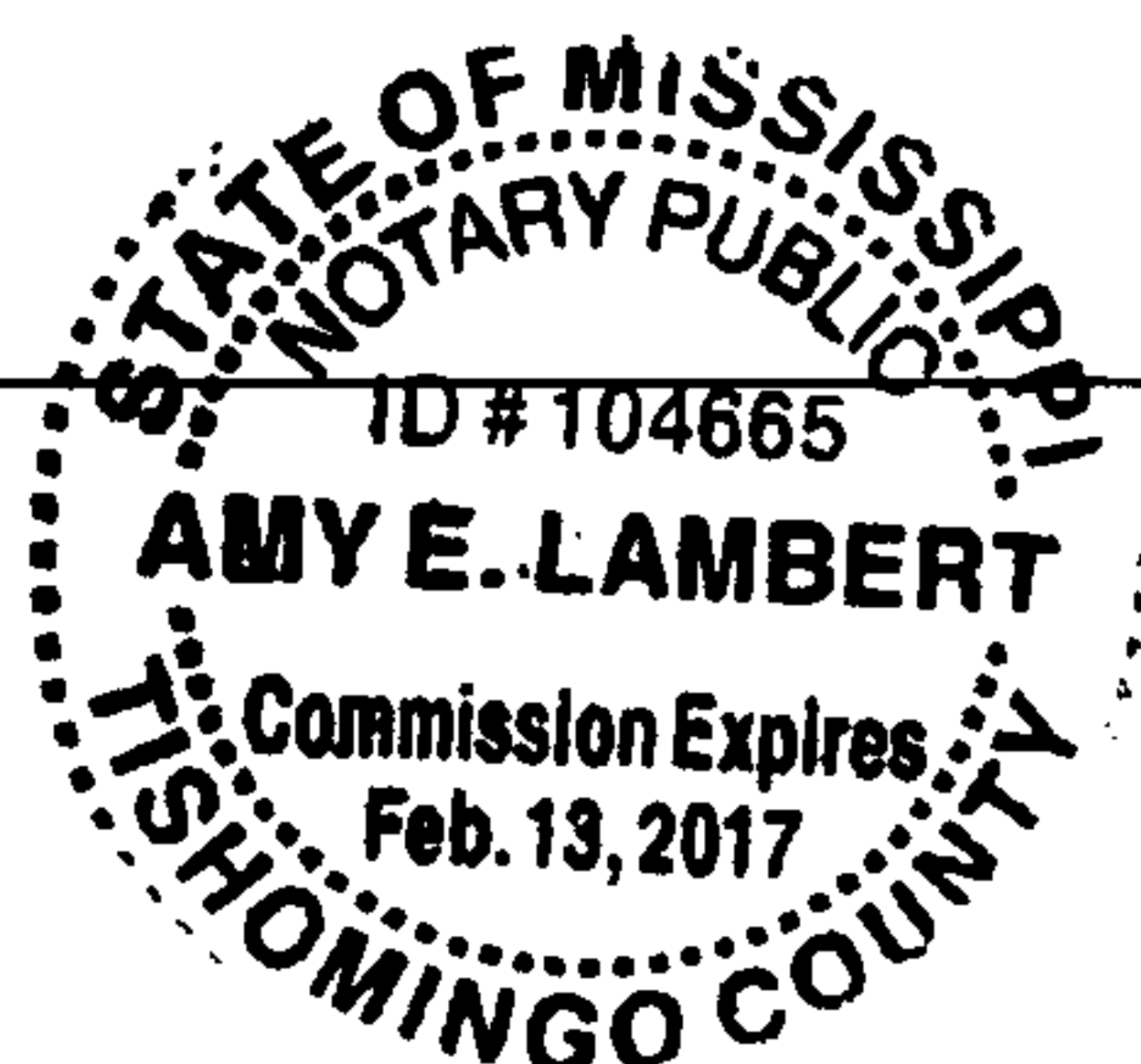
BY:  **Shelby Baptist Medical Center**
Agent

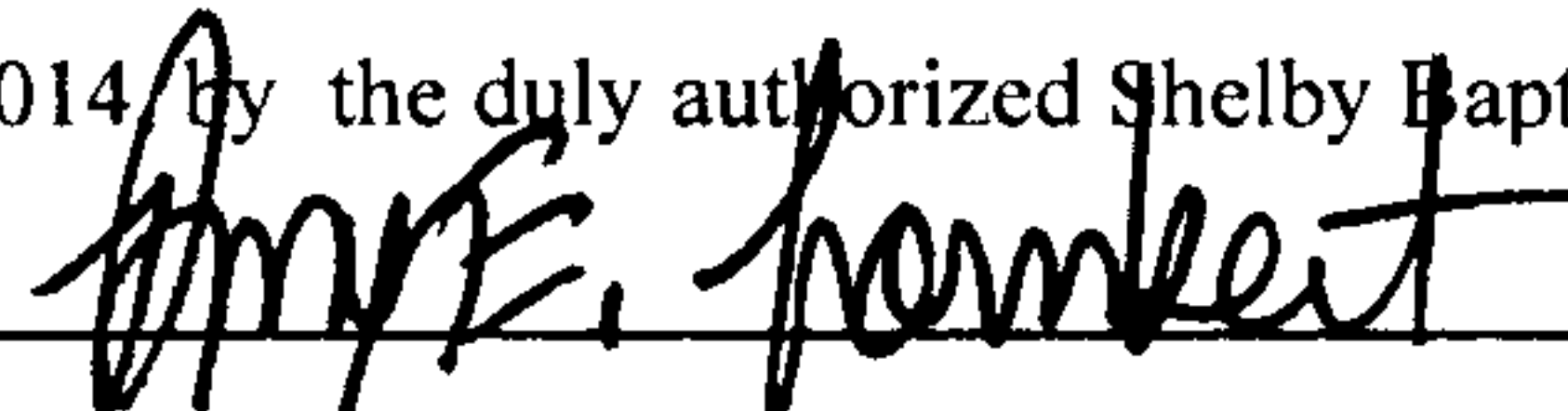
STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Wednesday, January 8, 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