

20140115000013930 1/1 \$14.00
 Shelby Cnty Judge of Probate, AL
 01/15/2014 11:09:33 AM FILED/CERT

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

NOTICE OF HOSPITAL LIEN

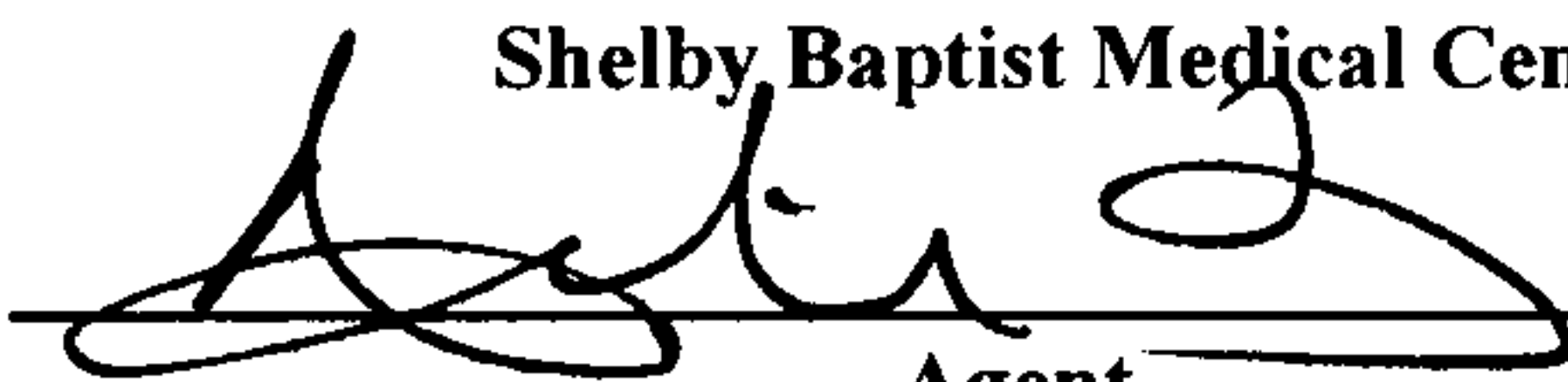
Under the provisions of Title 35, Chapter 11, Division 15, Code of Alabama, 1975, notice is hereby given that Health Care Authority of the Baptist Health Foundation, Inc., whose address is 1000 1st Street North Alabaster, AL 35007, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name: **Samuel Ellison**
 Address: **3159 County Road 9**
Columbiana, AL 35046
 Admit Date: **November 26, 2013**
 Discharge Date: **December 3, 2013**
 Amount Due: **\$32,449.67**

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:

Geico Insurance - 0352842420101023
P.O. Box 9518
Fredericksburg, VA

USAA Insurance - 015229130-007
P.O. Box 26001
Daphne,, AL

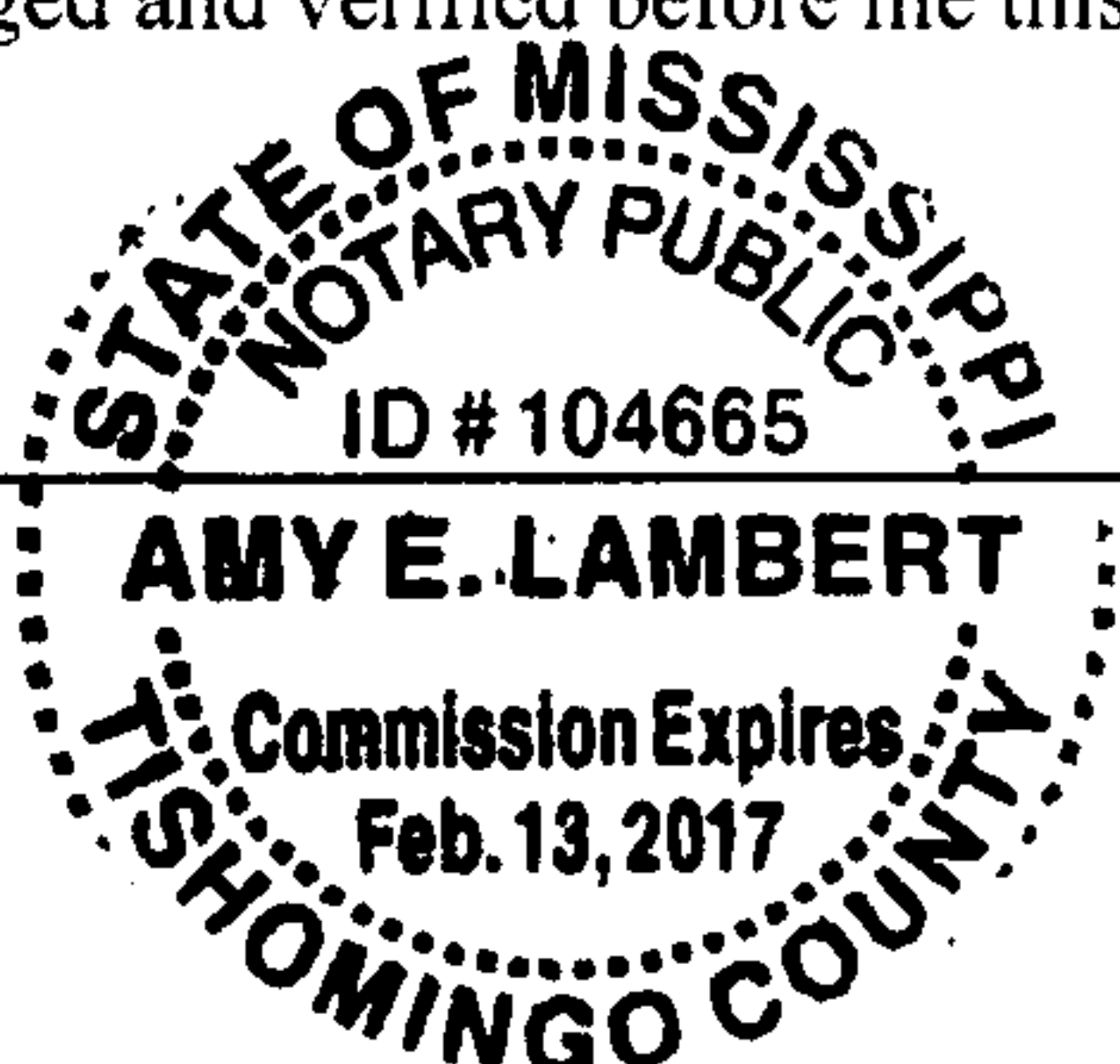
BY: 
 Agent
 Shelby Baptist Medical Center

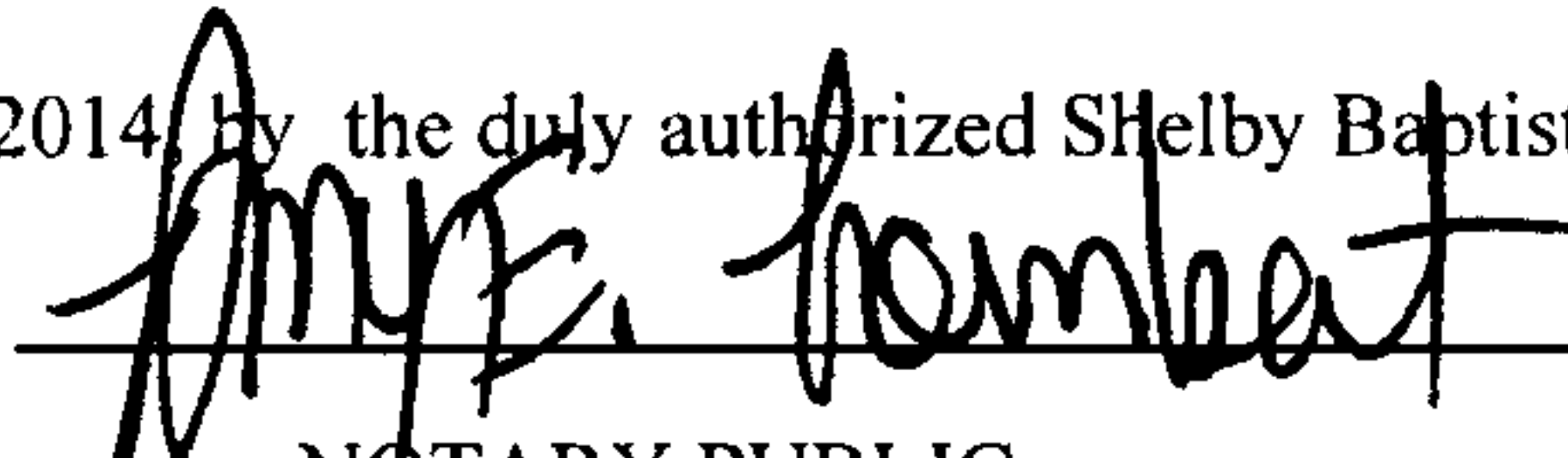
STATE OF MISSISSIPPI
 COUNTY OF ALCORN

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