

20140115000013940 1/1 \$14.00  
 Shelby Cnty Judge of Probate, AL  
 01/15/2014 11:09:34 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: **Windell Smith**  
 Address: **10511 Hwy 17**  
**Columbiana, AL 35114**  
 Admit Date: **November 1, 2013**  
 Discharge Date: **November 2, 2013**  
 Amount Due: **\$11,275.00**

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 Insurance - 01372P852**  
**P.O. Box 106145**  
**Atlanta, GA**

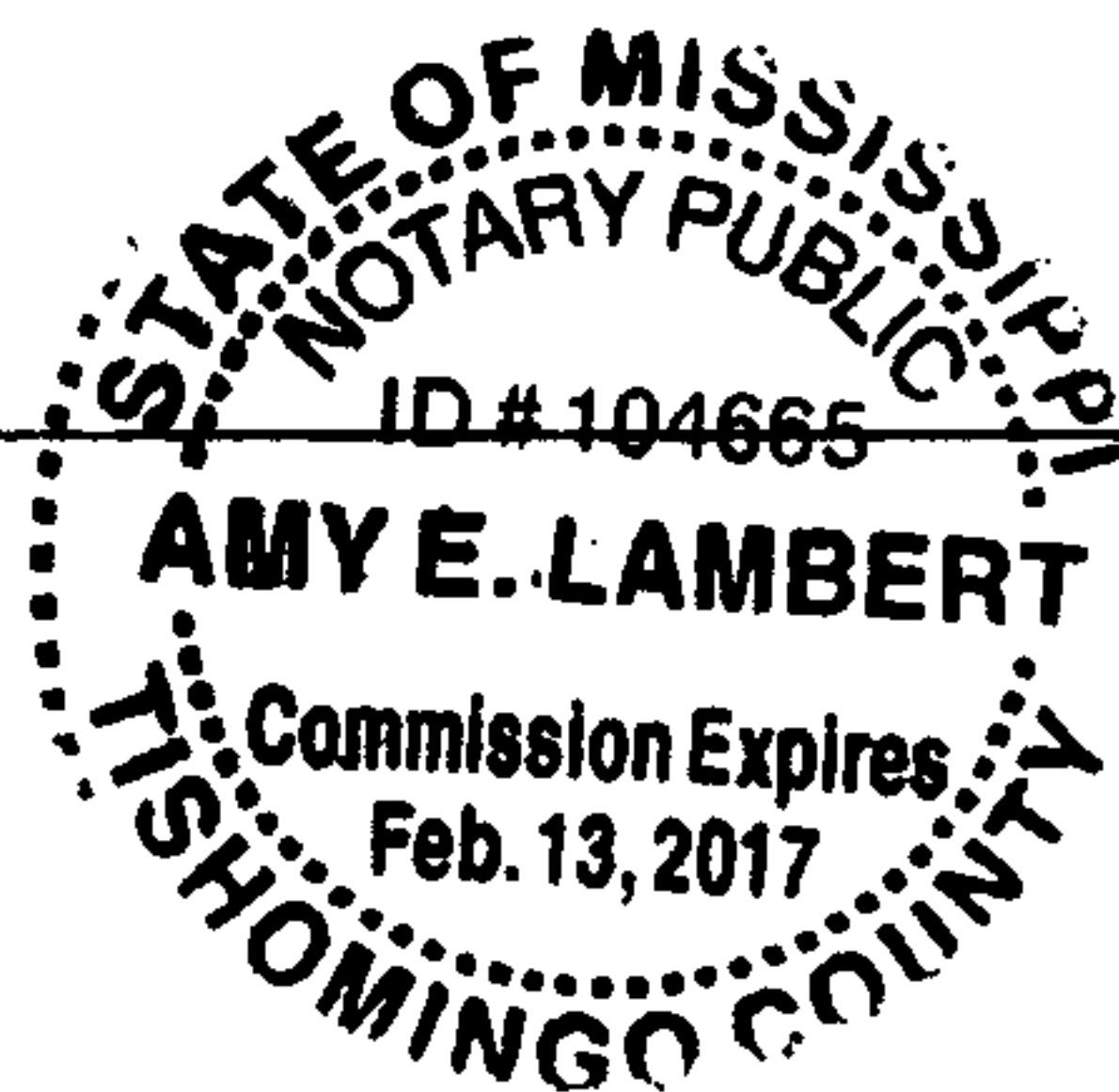
BY:   
**Shelby Baptist Medical Center**  
**Agent**

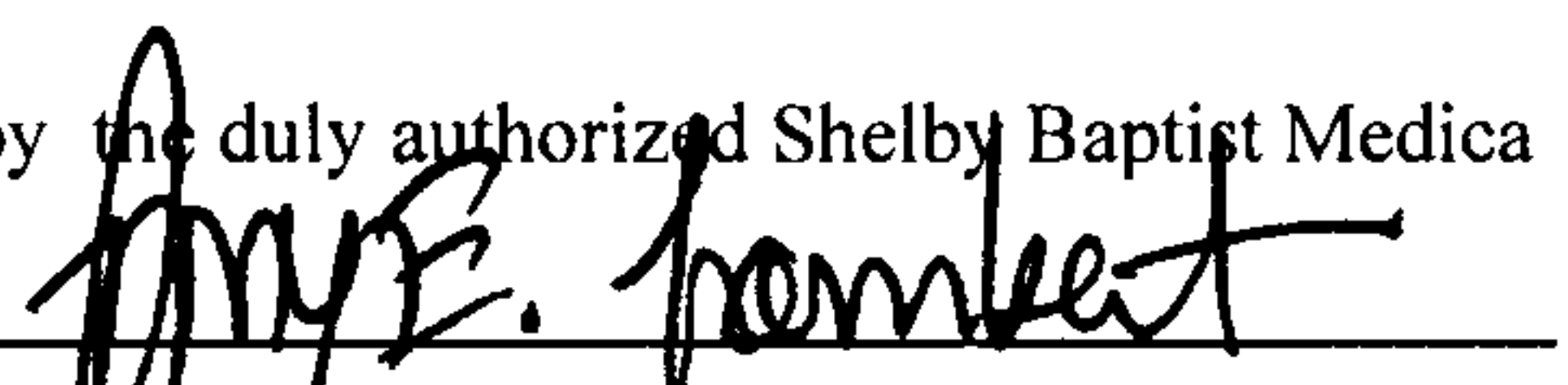
STATE OF MISSISSIPPI  
 COUNTY OF ALCORN

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