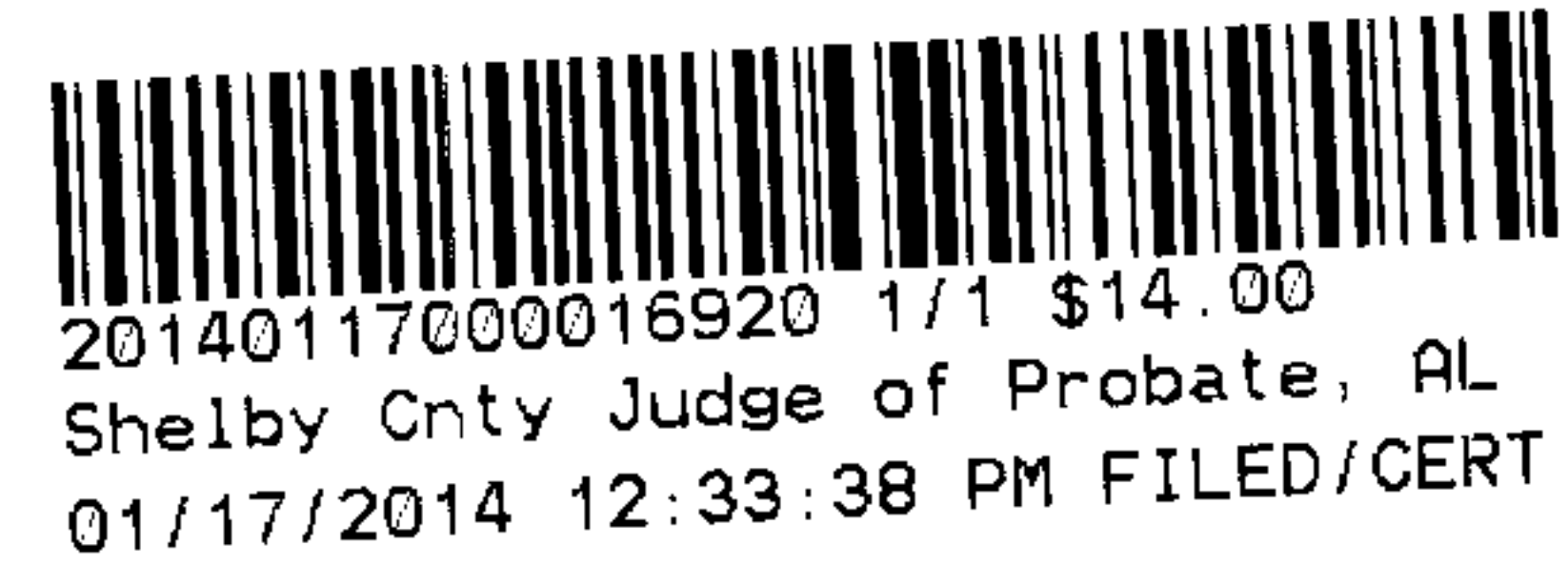


**TO:** Shelby County Probate Office  
P.O. Box 825  
Columbiana, AL 35051

**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: **David Voigt**  
Address: **550 County Road 772**  
**Columbiana, AL 35115**  
Admit Date: **January 03, 2014**  
Discharge Date: **January 03, 2014**  
Amount Due: **\$1,792.00**



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:

**\* Under Alabama code Section 35-11-371 (1975), the filing of this lien constitutes notice to any persons liable for such damages whether or not are named herein**

STATE OF MISSISSIPPI  
COUNTY OF ALCORN

BY: \_\_\_\_\_

The foregoing statement was acknowledged and verified before me this 14<sup>th</sup> day of JAN, 2014, by Kim Fair the duly authorized Shelby Baptist Medical Center of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES:



\_\_\_\_\_  
NOTARY PUBLIC