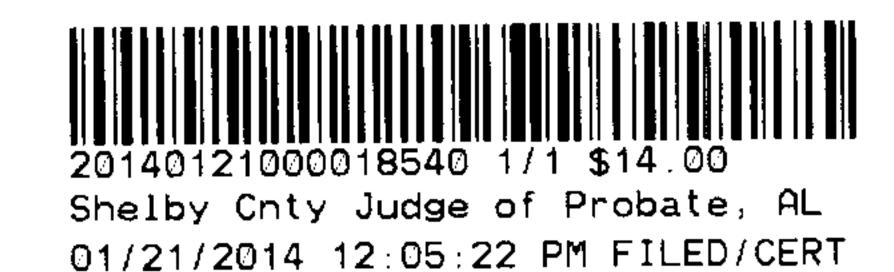
Shelby County Probate Office TO:

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:

Phyllis Harris

Address:

Po Box 1926

Columbiana, AL 35051

Admit Date:

November 03, 2013

Discharge Date:

November 03, 2013

Amount Due:

\$7,670.00

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

The foregoing statement was acknowledged and verified before me this 1514 , 2014, by Hustin Gray the duly authorized Shelby Baptist

Medical Center of the above named health care provider for and on behalf of said hospital.

ID#104665

AMY E. LAMBER

MY COMMISSION EXPIRES:

Corinth, MS 38834