

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

NOTICE OF HOSPITAL LIEN

Under the provisions of Alabama Code 1975, § 35-11-370 et seq., 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: **Margaret Orozco**
Address: **1101 Dearing Downs**
Columbiana, AL 35080
Admit Date: **November 15, 2013**
Discharge Date: **November 15, 2013**
Amount Due: **\$2,421.00**

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 - 013M07465
Claims Department P O Box 106145
Atlanta, GA

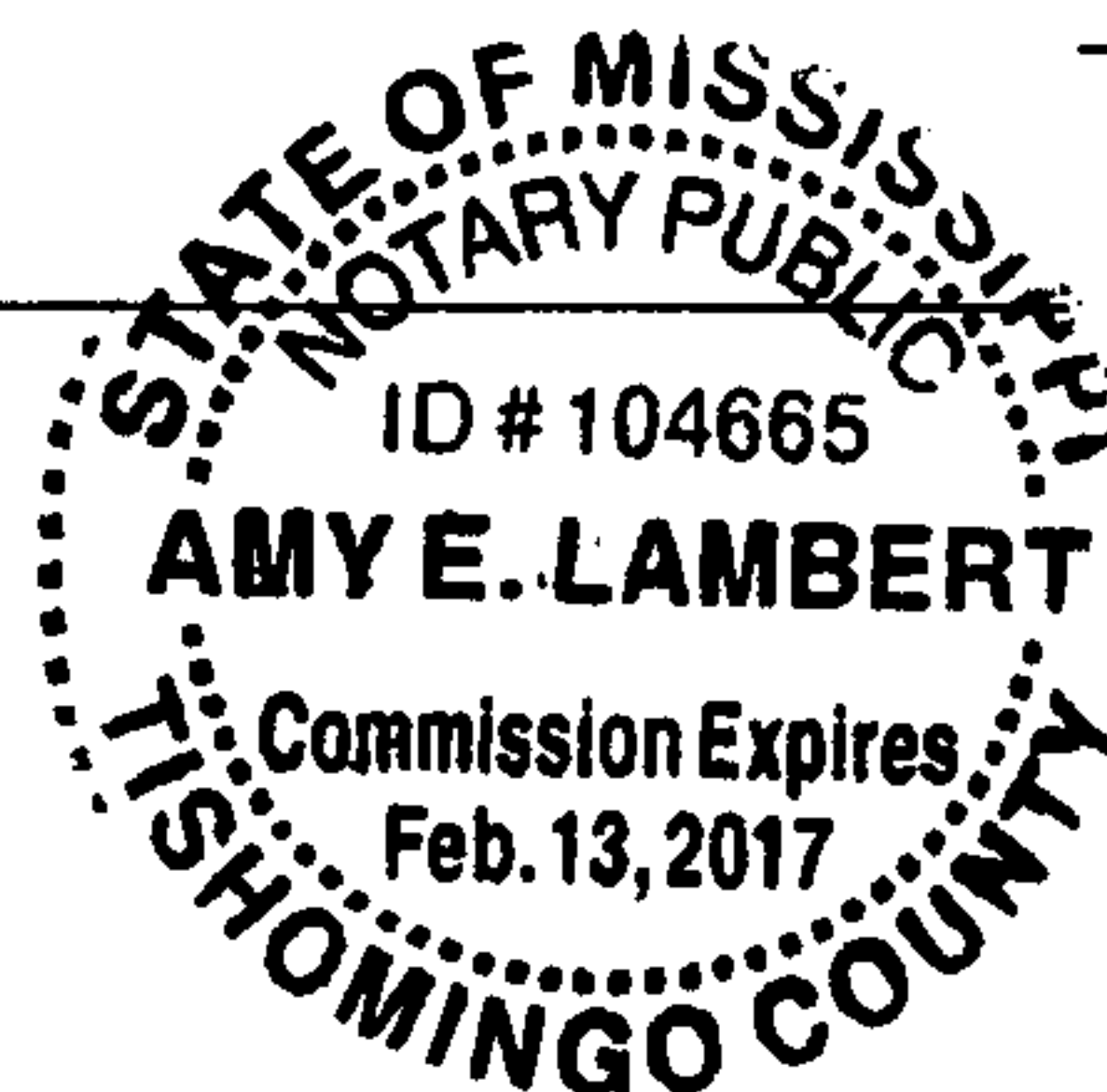
BY:  **Shelby Baptist Medical Center**
Agent

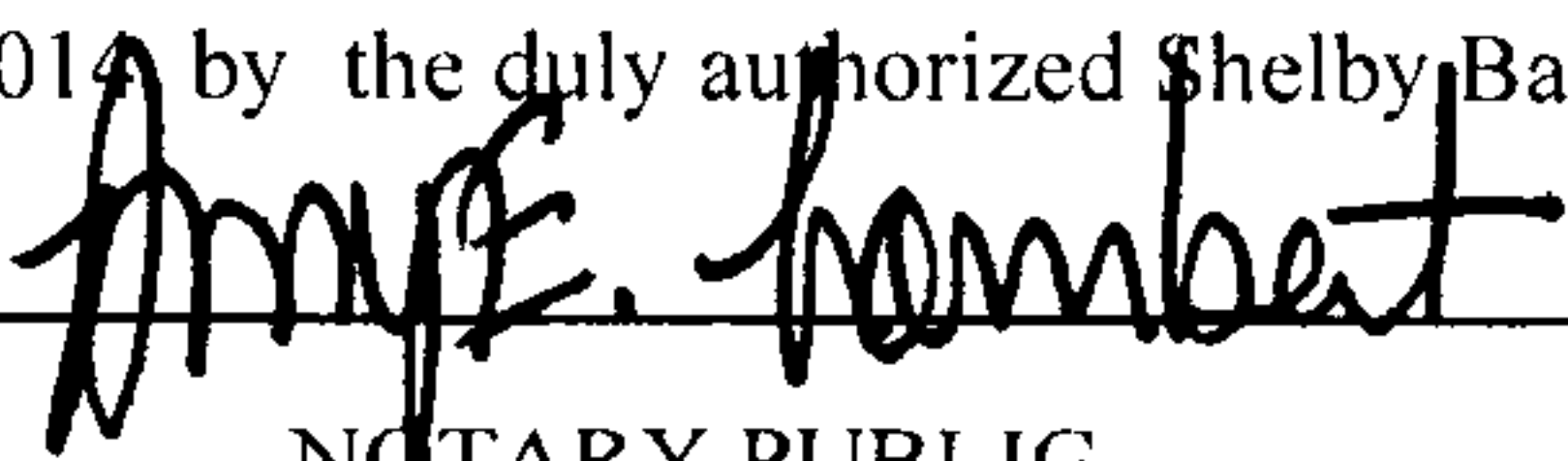
STATE OF MISSISSIPPI
COUNTY OF ALCORN

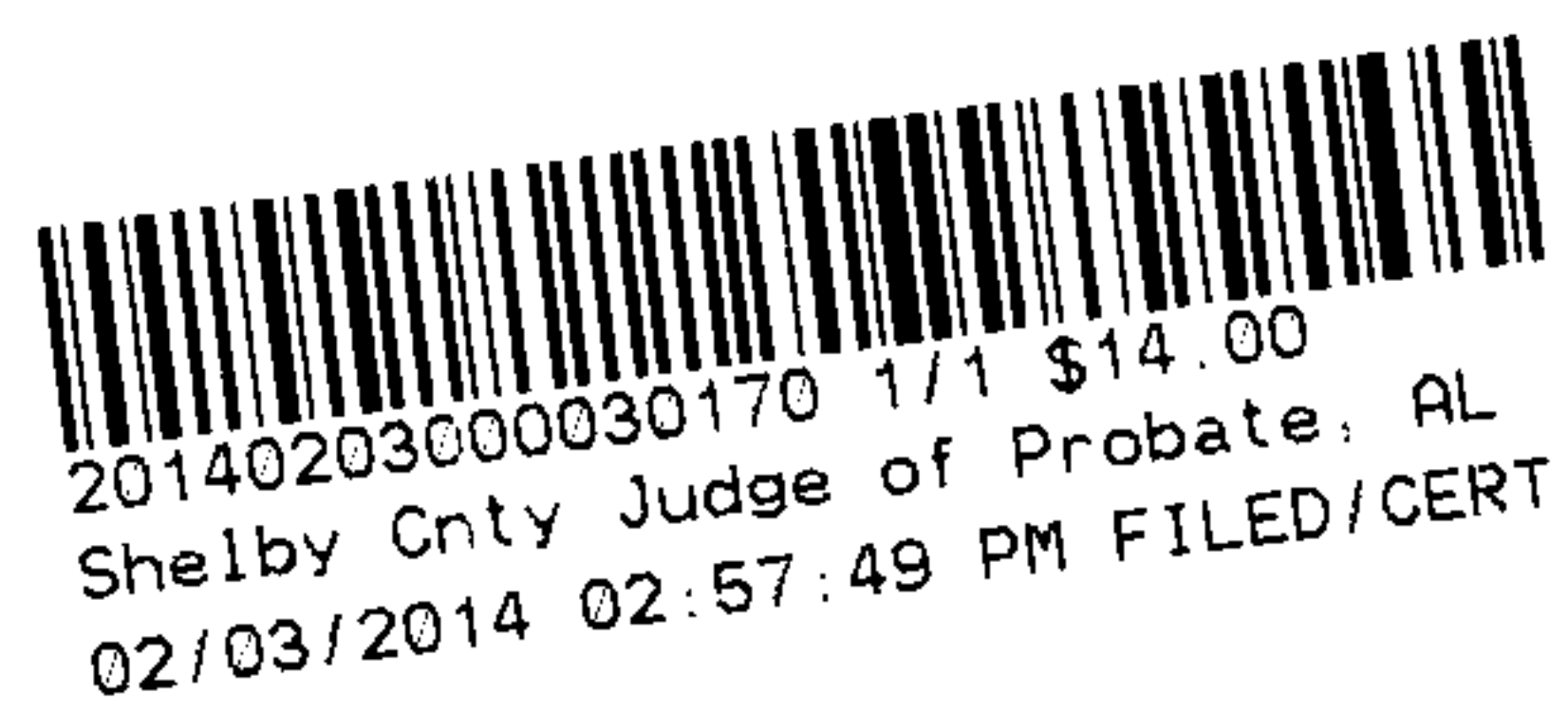
The foregoing statement was acknowledged and verified before me this Monday, January 27, 2014, by the duly authorized Hospital of the above named health care provider for and on behalf of said hospital.

The foregoing statement was acknowledged and verified before me this 2014 by the duly authorized Shelby Baptist Medical Center

MY COMMISSION EXPIRES: _____




NOTARY PUBLIC



Prepared By:
Austin Gray
P.O Box 1465
Corinth, MS 38834