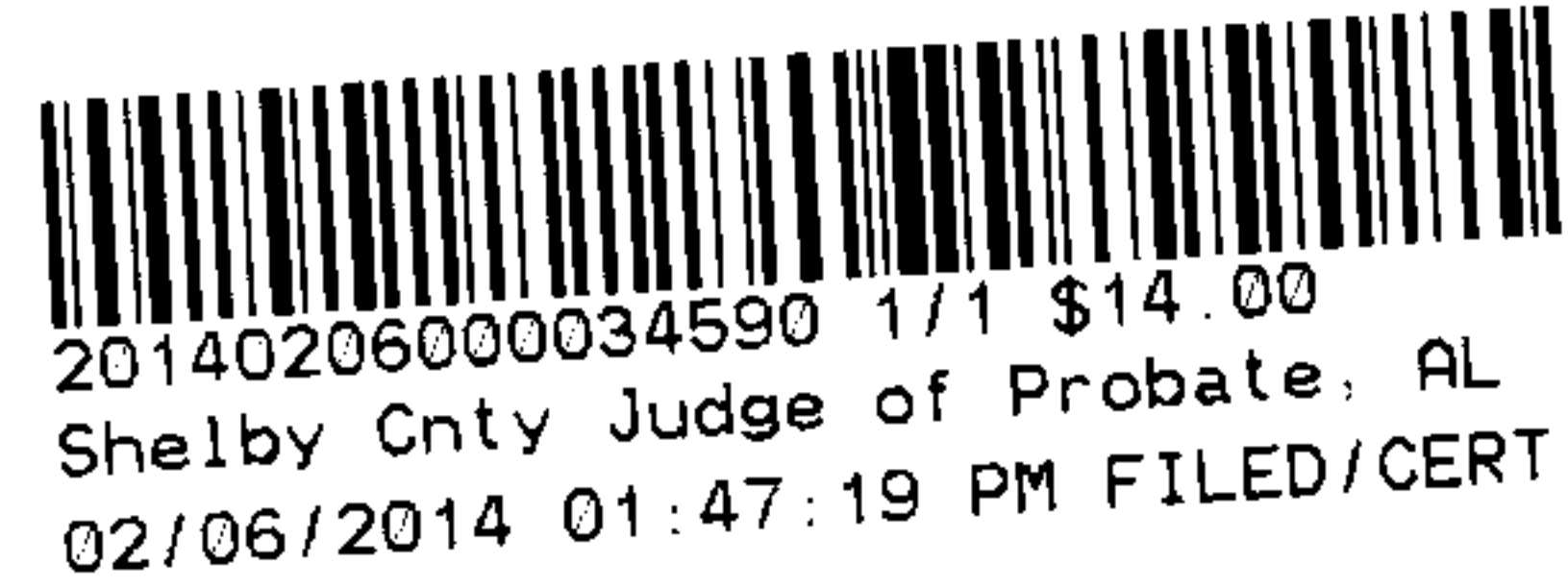


**TO:** Shelby County Probate Office  
P.O. Box 825  
Columbiana, AL 35051

**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: **John Atchison**  
Address: **5730 Highway 26**  
**Columbiana, AL 35051**  
Admit Date: **January 13, 2014**  
Discharge Date: **January 13, 2014**  
Amount Due: **\$8,146.00**



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:

**Cincinnati Insurance - 2140751**  
**P. O. Box 819**  
**Helena, AL**

**Shelby Baptist Medical Center**

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

**Agent**

STATE OF MISSISSIPPI  
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Friday, January 31, 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: \_\_\_\_\_



*Mischell M. Wilbanks*  
\_\_\_\_\_  
NOTARY PUBLIC