411105893

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:	Chasity Roberts
Address:	1390 Highway 89

Columbiana, AL 35115

Admit Date: February 6, 2014 Discharge Date: **February 6, 2014** Amount Due: \$1,473.00

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:

> Liberty Mutual - 029002030-04 **255 Primera Blvd Suite 300** Lake Mary, FL

> > Shelby Baptist Medical Center

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BY: Agent

STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Tuesday, February 25, 2014, by the duly authorized Hospital of the above named health care provider for and on behalf of said hospital.



