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20140228000054520 1/1 $14.00
Shelby Cnty Judge of Probate, AL
02/28/2014 10:35:37 AM FILED/CERT

**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: | **Linda Jackson** |
| Address: | **4747 Highway 25**<br>**Columbiana, AL 35115** |
| Admit Date: | **February 11, 2014** |
| Discharge Date: | **February 11, 2014** |
| Amount Due: | **$955.00** |

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:

**ALFA - J0-23386**
**3453 McGehee Rd., Ste. 100**
**Montgomery, AL**

**BY:** **Shelby Baptist Medical Center**

**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.

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

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

STATE OF MISSISSIPPI
NOTARY PUBLIC
ID # 107393
MISCHELL M. WILBANKS
Commission Expires
Dec. 3, 2017
ALCORN COUNTY

Prepared By:
Kimberlee M. Fair
P.O Box 1465
Corinth, MS 38834