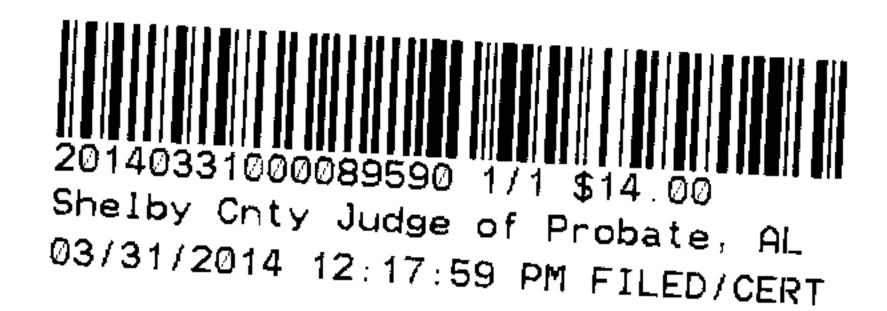
Shelby County Probate Office TO:

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:

Regina Ray

Address:

4545 Cossa County 40

Columbiana, AL 35089

Admit Date:

February 27, 2014

Discharge Date:

February 27, 2014

Amount Due:

\$2,436.00

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:

> Sagamore Insurance - PA6202 111 Congressional Boulevard, Suite 500 Carmel, IN

> > **Shelby Baptist Medical Center**

BY:

STATE OF MISSISSIPPI COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Thursday, March 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 Shelly Baptist Medical

ID # 104665

AMY E. LAMBERT

MY COMMISSION EXPIRES:

NOTARY PUBLIC

Prepared by: Austin Gray Commission Expires.

P. O. Box 1465

Corinth, MS 38834

Commission Expires.

Feb. 13, 2017

Feb. 13, 2017