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:

Lillian Hudson

Address:

47 Southwood Drive

Columbiana, AL 35007

Admit Date:

February 15, 2014

Discharge Date:

February 17, 2014

Amount Due:

\$23,935.01

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:

> Allstate Insurance - 0316374644 P.O. Box 2874 Clinton, IA

> > Shelby Baptist Medical Center

Agent

BY:

STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Monday, March 24, 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

\ \ID # 107393

: MISCHELL M. WILBANKS

. Commission Expires.

MY COMMISSION EXPIRES:

NOTARY PUBLIC

Prepared Boy Kimberlee M. Fair P.O Box 1465

Corinth, MS 38834

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Shelby Chty Judge of Probate, AL 03/31/2014 12:47:42 PM FILED/CERT