

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

NOTICE OF HOSPITAL LIEN

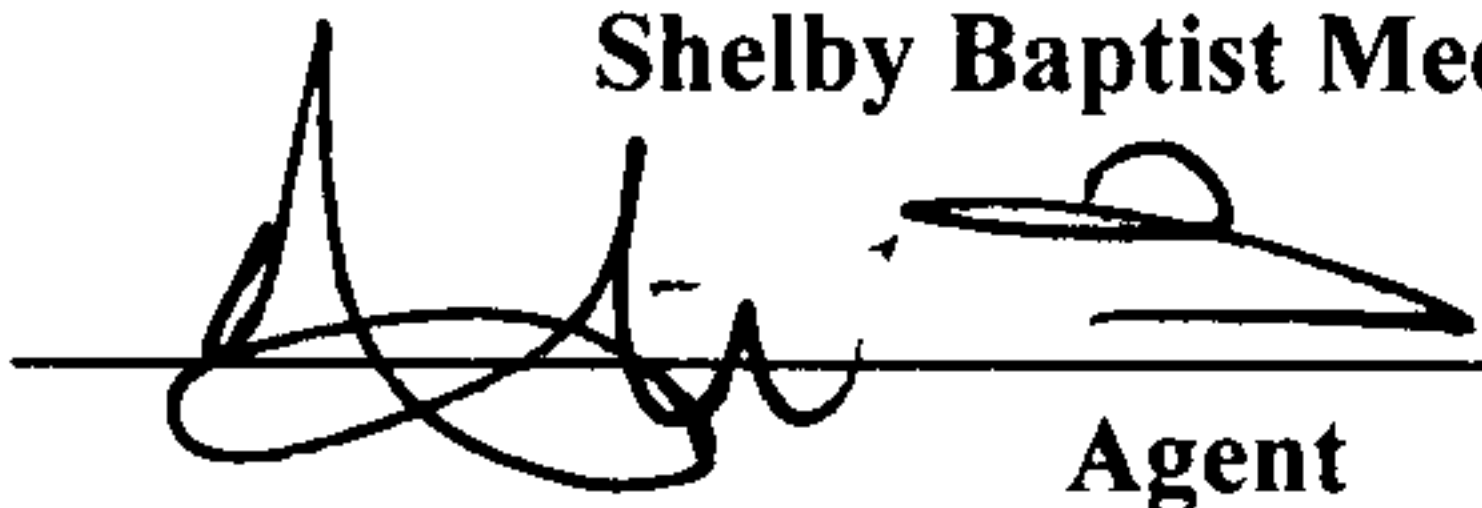
Under the provisions of Alabama Code 1975, § 35-11-370 et seq., notice is hereby given that Health Care Authority of the Baptist Health Foundation, Inc., whose address is 1000 1st Street North Alabaster, AL 35007, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name: **Averiett Wesson**
Address: **736 Old Farm Road**
Columbiana, AL 35151

Admit Date: **March 26, 2014**
Discharge Date: **March 29, 2014**
Amount Due: **\$18,870.00**

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 Insurance – X11-1514
Claims Department P O Box 434
Talladega, AL

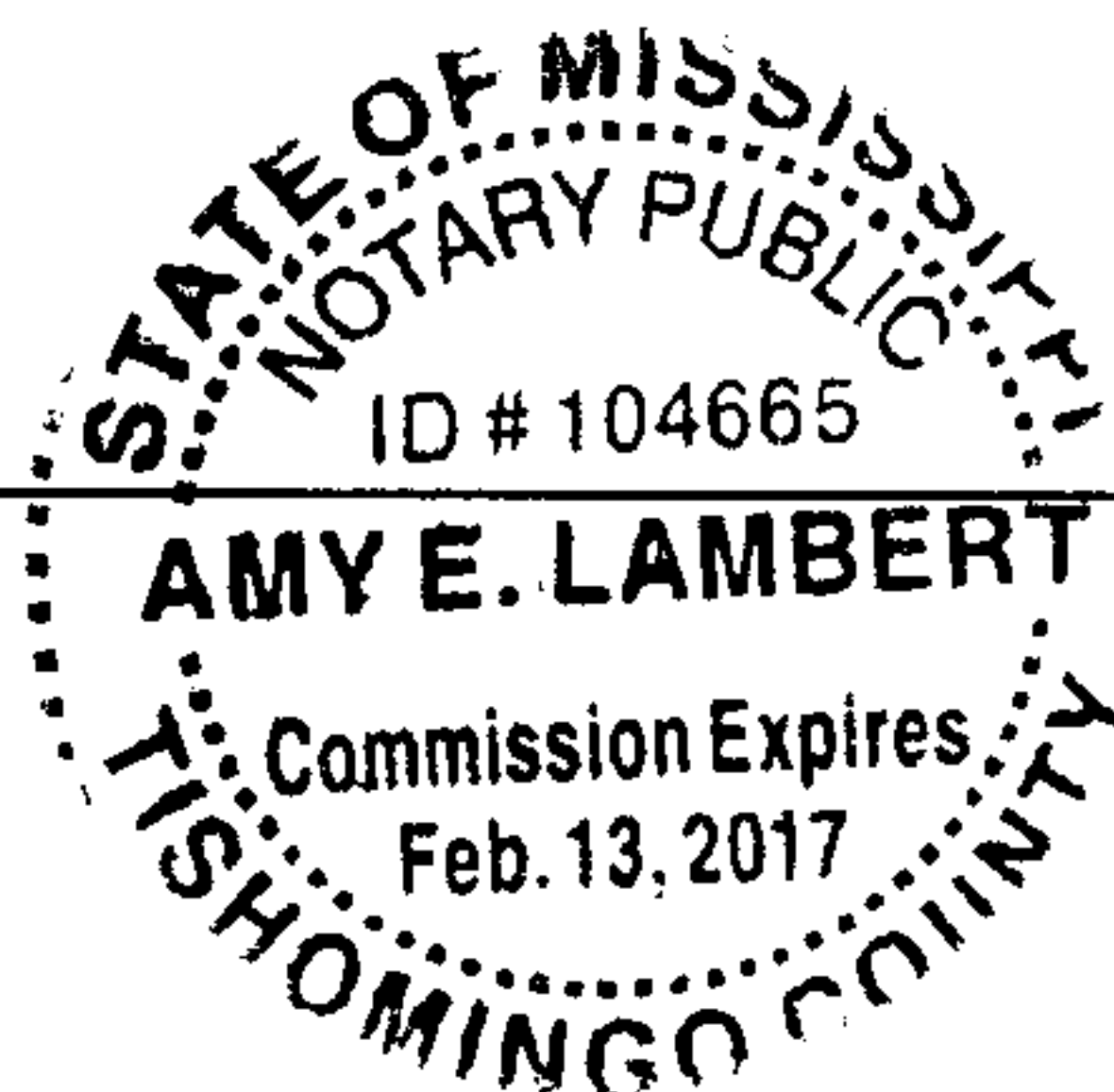
Shelby Baptist Medical Center
BY:  _____
Agent

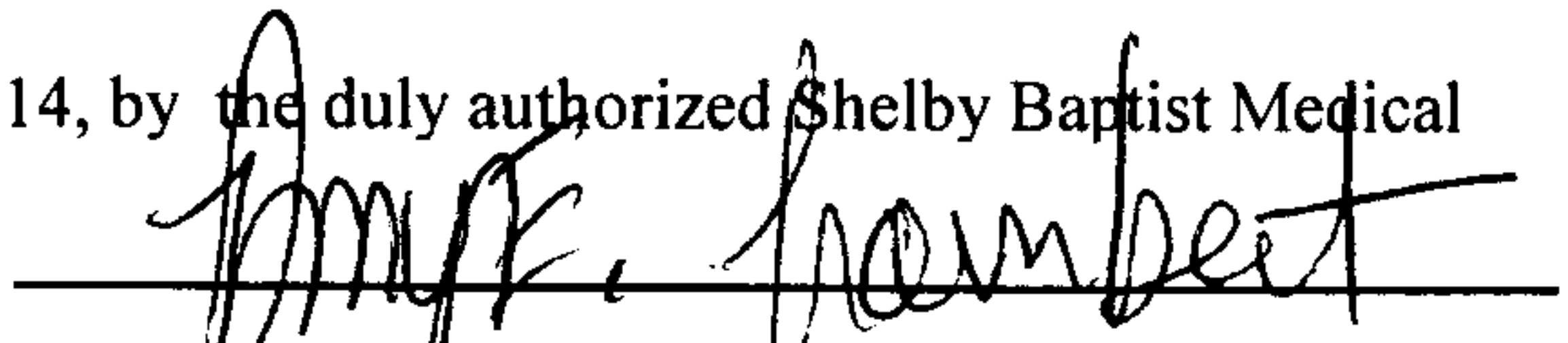
STATE OF MISSISSIPPI
COUNTY OF ALCORN


The foregoing statement was acknowledged and verified before me this Tuesday, April 8, 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

MY COMMISSION EXPIRES: _____



 _____
NOTARY PUBLIC


20140411C00105770 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
04/11/2014 10:59:02 AM FILED/CERT

P.O Box 1465
Corinth, MS 38834

Prepared By:
Austin Gray