411124214

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:	**Tina Adcock**
Address:	**538 Aztec Trail** **Columbiana, AL 40601**
Admit Date:	**March 29, 2014**
Discharge Date:	**March 29, 2014**
Amount Due:	**$9,679.00**

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:

Auto Owners - 52-599-2014
P. O. Box 910728
Lexington, KY

BY: **Shelby Baptist Medical Center**

Agent

STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Friday, April 11, 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

MY COMMISSION EXPIRES: _____

STATE OF MISSISSIPPI NOTARY PUBLIC ID # 104665 AMY E. LAMBERT Commission Expires Feb. 13, 2017 TISHOMINGO COUNTY

NOTARY PUBLIC

20140417000111700 1/1 $14.00
Shelby Cnty Judge of Probate, AL
04/17/2014 10:12:00 AM FILED/CERT

Prepared by: Austin Gray
P.O Box 1465
Corinth, MS 38834