

**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: **Christopher Mooneyham**  
Address: **Po Box 572**  
**Columbiana, AL 35046**  
Admit Date: **March 18, 2014**  
Discharge Date: **March 18, 2014**  
Amount Due: **\$1,170.00**

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:

**\* Under Alabama code Section 35-11-371 (1975), the filing of this lien constitutes notice to any persons liable for such damages whether or not are named herein**

STATE OF MISSISSIPPI  
COUNTY OF ALCORN

BY: \_\_\_\_\_

The foregoing statement was acknowledged and verified before me this 21st day of April, 2014, by Austin Gray the duly authorized Shelby Baptist Medical Center of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES:



\_\_\_\_\_  
NOTARY PUBLIC

20140425000124010 1/1 \$14.00  
Shelby Cnty Judge of Probate, AL  
04/25/2014 03:20:05 PM FILED/CERT

K. Austin Gray  
P.O Box 1465  
Corinth, MS 38834