



20140428000126160 1/1 \$14.00
 Shelby Cnty Judge of Probate, AL
 04/28/2014 01:31:06 PM FILED/CERT

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: **Sharon Williams**
 Address: **P O Box 725**
Columbiana, AL 35007
 Admit Date: **March 19, 2014**
 Discharge Date: **March 19, 2014**
 Amount Due: **\$2,100.00**

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:

Liberty Mutual - 0293226-78
P. O. Box 958441
Lake Mary, FL

Shelby Baptist Medical Center

BY: _____

Austin Gray
 Agent

STATE OF MISSISSIPPI
 COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Wednesday, April 23, 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 Center

MY COMMISSION EXPIRES: _____



Amy E. Lambert
 NOTARY PUBLIC

Austin Gray
 P.O Box 1465
 Corinth, MS 38834