

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


20140428000126180 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
04/28/2014 01:31:08 PM FILED/CERT

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: **Jackie Murrell**
Address: **340 Gardner Street**
Columbiana, AL 35115
Admit Date: **March 13, 2014**
Discharge Date: **March 13, 2014**
Amount Due: **\$3,418.00**

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 Co. - X0700004561
2692 Pelham Parkway, Suite E
Pelham, AL

Shelby Baptist Medical Center

BY: _____


Agent

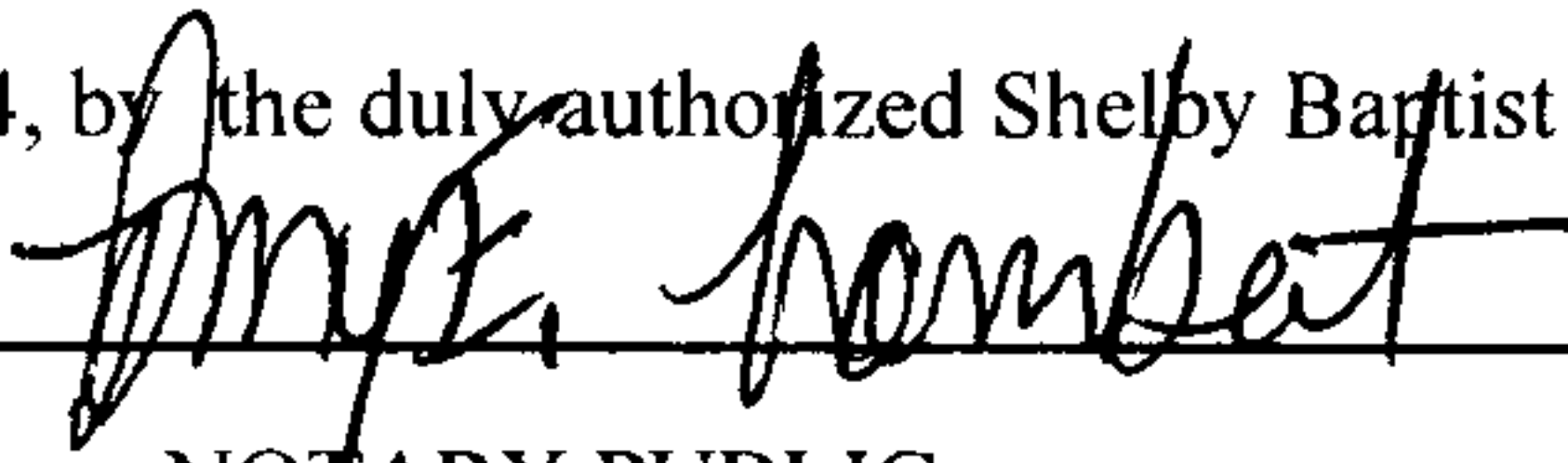
STATE OF MISSISSIPPI
COUNTY OF ALCORN

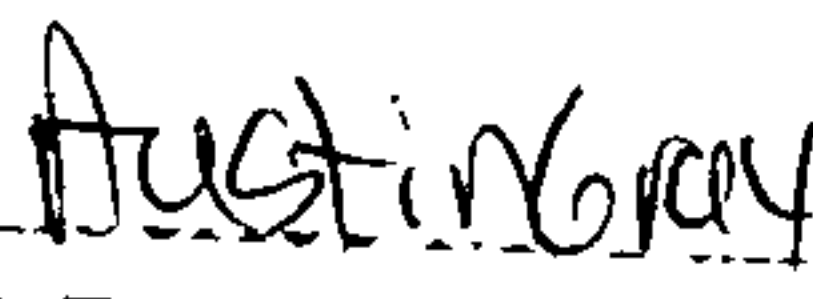
The foregoing statement was acknowledged and verified before me this Wednesday, April 23, 2014, by the duly authorized Hospital of the above named health care provider for and on behalf of said hospital.

The foregoing statement was acknowledged and verified before me this 2014, by the duly authorized Shelby Baptist Medical Center

MY COMMISSION EXPIRES: _____




NOTARY PUBLIC

K 
P.O Box 1465
Corinth, MS 38834