

**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: **Christi Hendrix**  
Address: **924 7th Avenue Northwest**  
**Columbiana, AL 35007**  
Admit Date: **April 24, 2014**  
Discharge Date: **April 24, 2014**  
Amount Due: **\$4,797.00**

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:

**State Farm - 014G29288**  
**P. O. Box 106145**  
**Atlanta, GA**

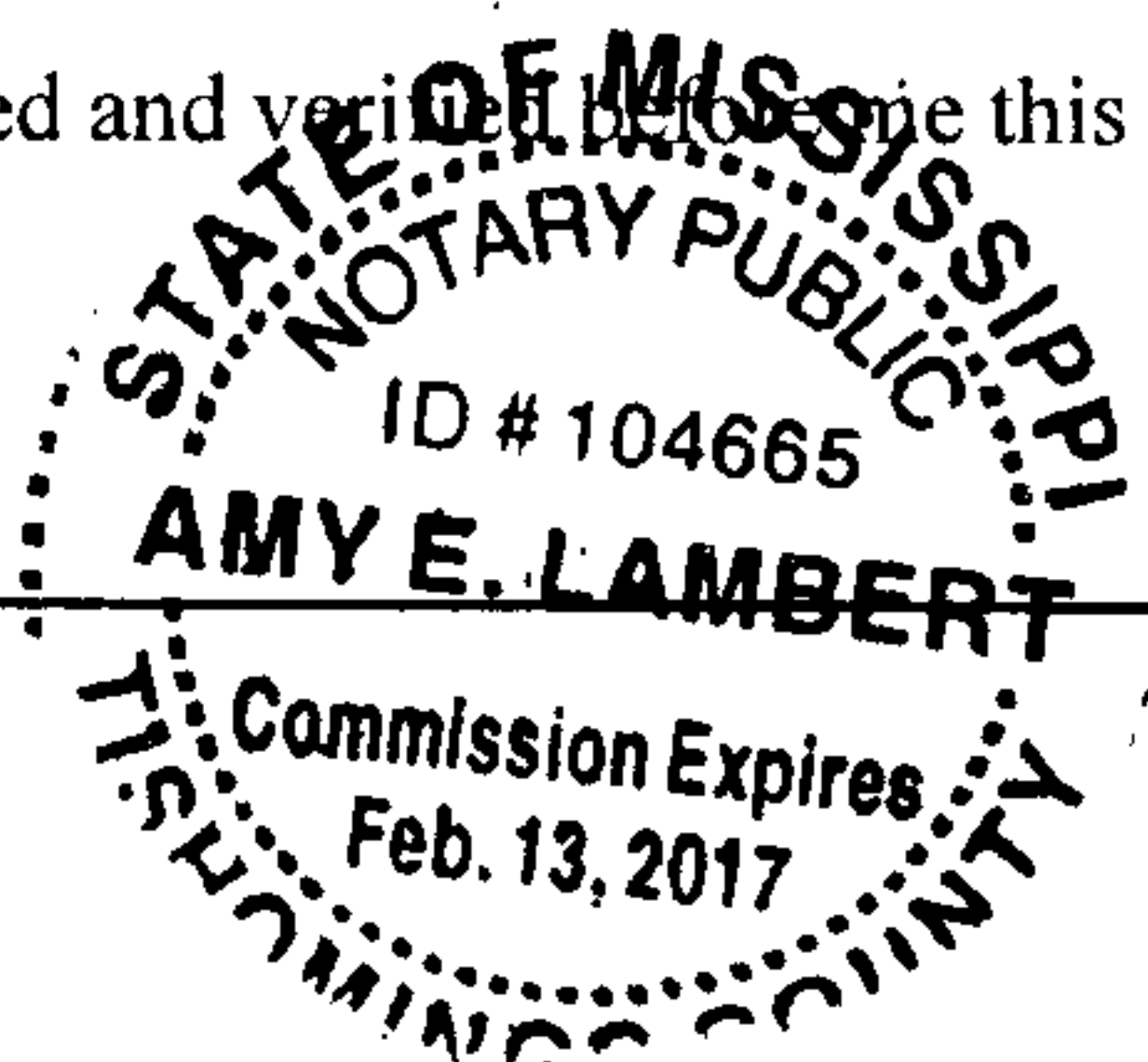
**Shelby Baptist Medical Center**  
BY:  \_\_\_\_\_  
Agent

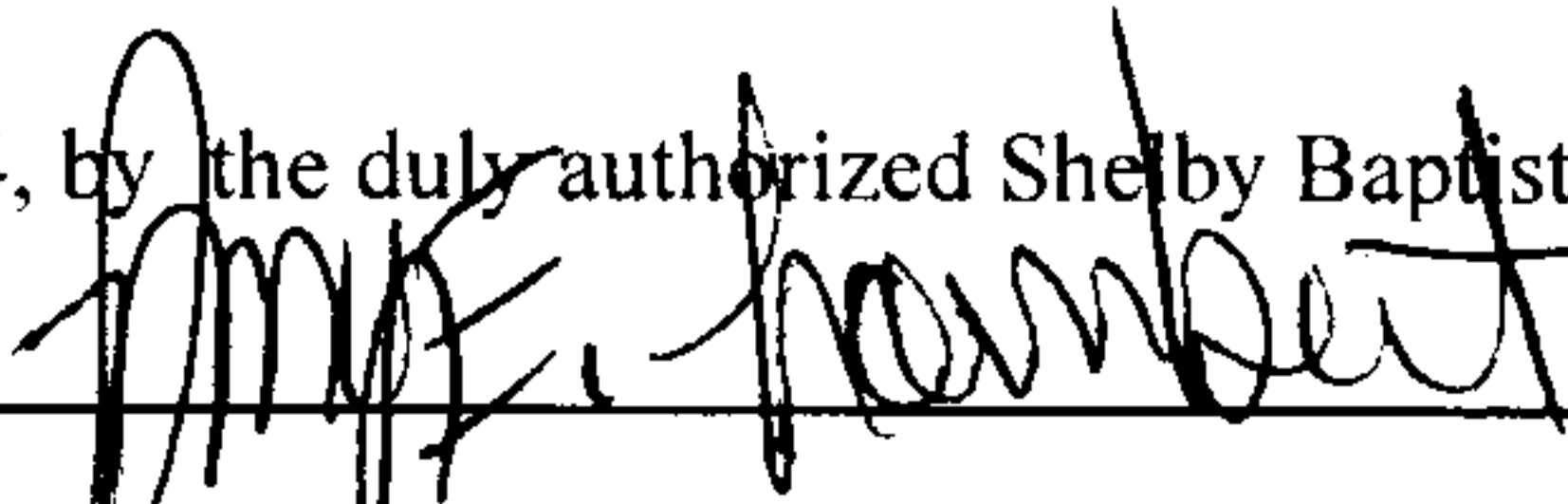
STATE OF MISSISSIPPI  
COUNTY OF ALCORN


The foregoing statement was acknowledged and verified before me this Friday, May 2, 2014, by the duly authorized Hospital of the above named health care provider for and on behalf of said hospital.

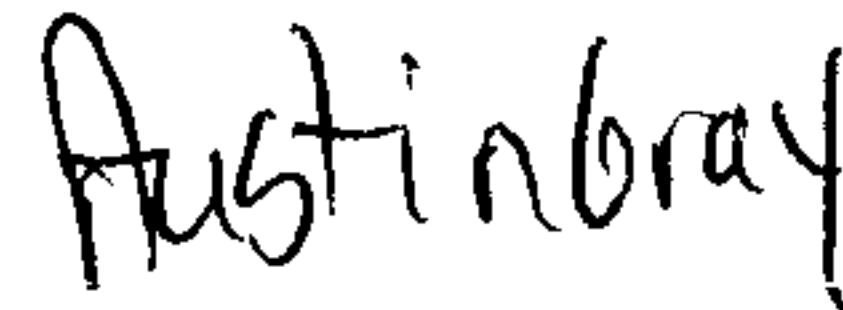
The foregoing statement was acknowledged and verified before me this 2014, by the duly authorized Shelby Baptist Medical Center

MY COMMISSION EXPIRES: \_\_\_\_\_



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

  
20140505000133290 1/1 \$14.00  
Shelby Cnty Judge of Probate, AL  
05/05/2014 12:56:42 PM FILED/CERT

  
P.O Box 1465  
Corinth, MS 38834