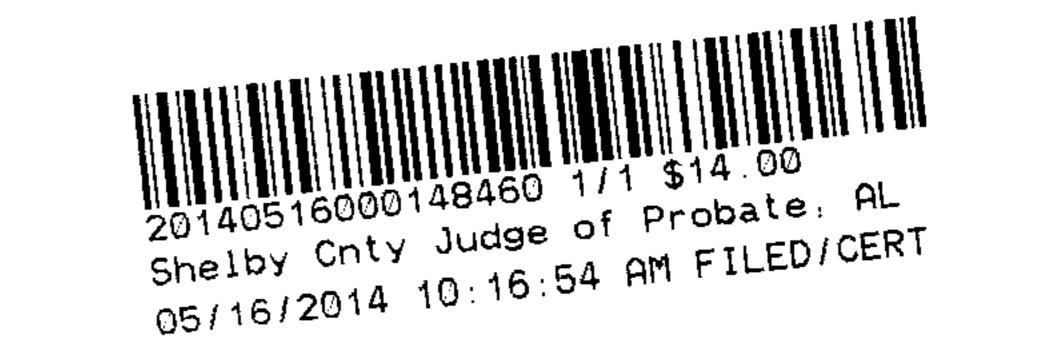
Shelby County Probate Office TO:

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:

David Frazier

Address:

1468 East Rockley Drive

Columbiana, AL 36606

Admit Date:

May 2, 2014

Discharge Date:

May 2, 2014

Amount Due:

\$1,533.00

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:

> **Progressive - 142520774** 7075 Halcyon Park Drive, Suite 200 Montgomery, AL

> > **Shelby Baptist Medical Center**

BY:

Agent

STATE OF MISSISSIPPI **COUNTY OF ALCORN**

The foregoing statement was acknowledged and verified before me this Monday, May 12, 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:

Repaired By.
Kimberlee M. Fair ID # 107393 MISCHELL M. WILBANKS

P.O Box 1465 Commission Expires.

Corinth, MS 38834

NOTARY PUBLIC