


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

  
20140529000161590 1/1 \$14.00  
Shelby Cnty Judge of Probate, AL  
05/29/2014 10:56:18 AM 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: **Francesca Bates**  
Address: **4476 South Shades Crest Road**  
**Columbiana, AL 35080**  
Admit Date: **April 9, 2014**  
Discharge Date: **April 9, 2014**  
Amount Due: **\$1,315.00**

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:

**USAA Insurance - 15329076**  
**P.O. Box 5000**  
**Daphne, AL**

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

**Shelby Baptist Medical Center**

**Agent**

STATE OF MISSISSIPPI  
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Thursday, May 22, 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**

*Prepared By:*  
**Kimberlee M. Fair**  
**P.O. Box 1465**  
**Corinth, MS 38834**