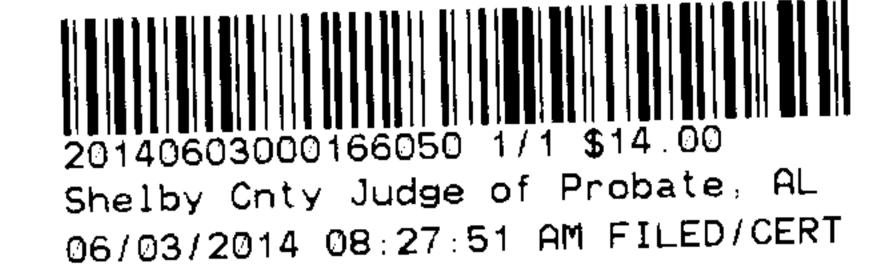
TO: Shelby County Probate Office

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:

Burnell Allen

Address:

161 Grand Club Drive

Columbiana, AL 35114

Admit Date:

May 10, 2014

Discharge Date:

May 10, 2014

Amount Due:

\$1,946.00

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:

* Under Alabama code Section 35-11-371 (1975), the filing of this lien constitutes notice to any persons liable for such damages whether or not are named herein

STATE OF MISSISSIPPI COUNTY OF ALCORN BY:

U

The foregoing statement was acknowledged and verified before me this ______ day of _______, 2014, by ________ the duly authorized Shelby Baptist

Medical Center of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES:

NOTARY PUBLIC

AMY E. LAMBERT

Commission Expires

ID # 104665

Feb. 13, 2017

Austin Gray

P.O Box 1465

Corinth, MS 38834

Prepared By