20140702000201050 1/1 \$14.00

Shelby Cnty Judge of Probate, AL 07/02/2014 04:00:53 PM FILED/CERT

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:

Mary Sivers

Address:

3702 Farragut Road

Columbiana, AL 11210

Admit Date:

May 12, 2014

Discharge Date:

May 12, 2014

Amount Due:

\$1,703.00

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:

> AAA Insurance - PA1270486 P. O. Box 66502

St. Louis, MO

Shelby Baptist Medical Center

\Agent/

BY:

STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Monday, June 30, 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

NODARY PUBLIC

MY COMMISSION EXPIRES:

Mair P.O Box 1465 Corinth, MS 38834