

**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: **Antoniette Maddox**  
Address: **PO Box 380581**  
**Columbiana, AL 35238**  
  
Admit Date: **April 18, 2014**  
Discharge Date: **April 18, 2014**  
Amount Due: **\$367.00**

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:

**Nationwide - 499677-GA**  
**3300 SW Willington Rd,**  
**Gainesville, , FL**

**Nationwide Insurance - 499677-GA**  
**P.O. Box 26005**  
**Daphne, AL**

**Shelby Baptist Medical Center**

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

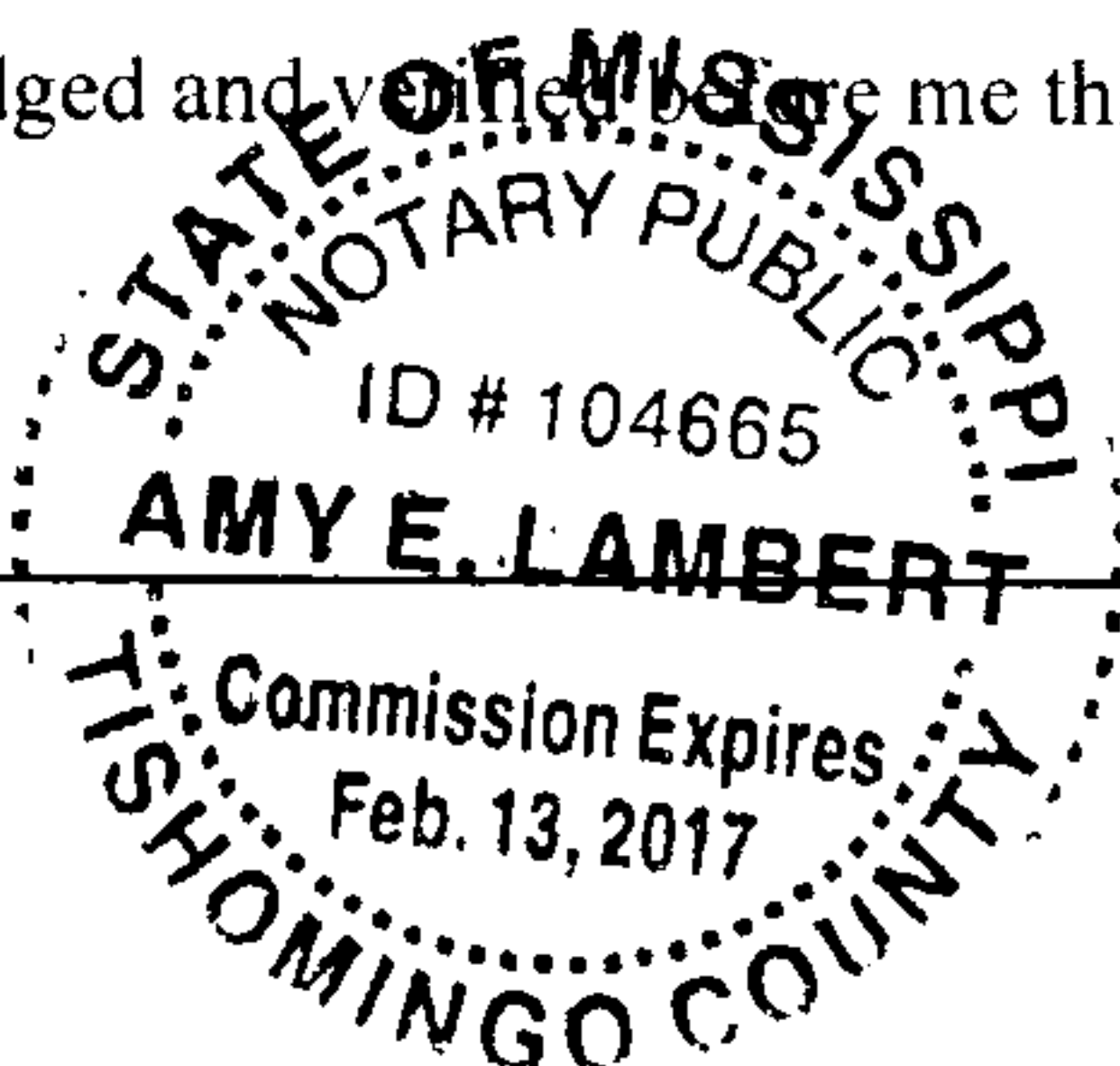
**Agent**

STATE OF MISSISSIPPI  
COUNTY OF ALCORN

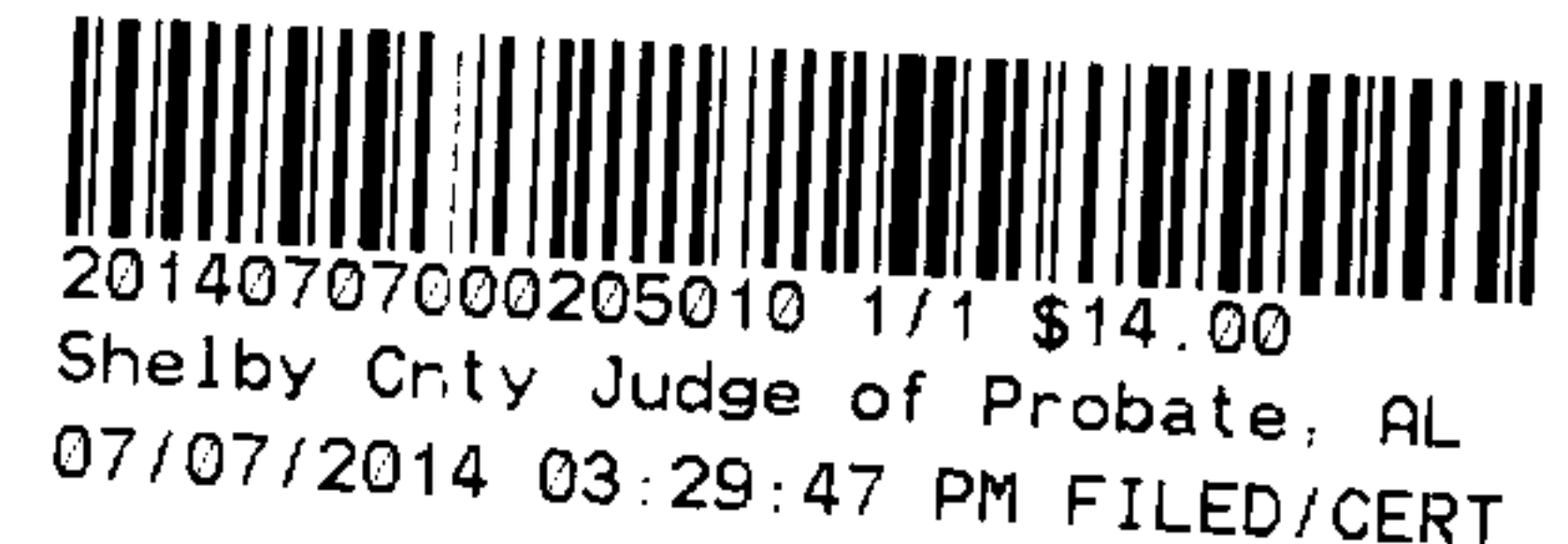
The foregoing statement was acknowledged and verified before me this Wednesday, July 2, 2014, by the duly authorized Hospital of the above named health care provider for and on behalf of said hospital.

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

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



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



*Kimberly M. Fair*  
**P.O Box 1465**  
**Corinth, MS 38834**