


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

  
20140804000240530 1/1 \$14.00  
Shelby Cnty Judge of Probate, AL  
08/04/2014 12:30:03 PM 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: **Vickie Simpson**  
Address: **130 Stonehaven Drive**  
**Columbiana, AL 35124**  
Admit Date: **May 16, 2014**  
Discharge Date: **May 16, 2014**  
Amount Due: **\$3,818.00**

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 Insurance - 143223281**  
**Mail Processing Center 1116 I-65 Commerce Drive**  
**Mobile, AL**

**Shelby Baptist Medical Center**

BY: li

**Agent**

STATE OF MISSISSIPPI  
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Tuesday, July 29, 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

MY COMMISSION EXPIRES:



Amy E. Lambert  
NOTARY PUBLIC

Kimberlee M. Fair  
P.O Box 1465  
Corinth, MS 38834