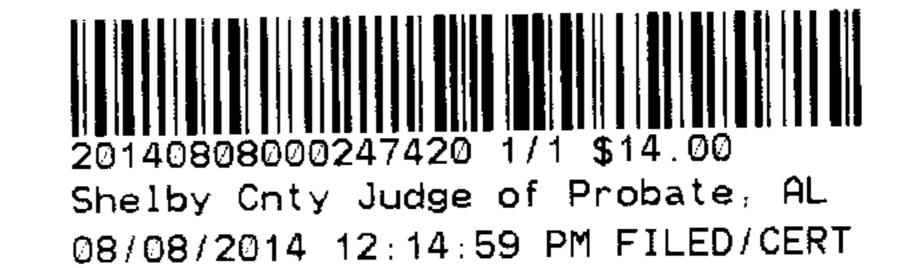
TO: Shelby County Probate Office

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:

MacKdilo Sparkman

Address:

1605 Wisteria Place

Columbiana, AL 35216

Admit Date:

June 27, 2014

Discharge Date:

June 27, 2014

Amount Due:

\$4,424.00

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:

The foregoing statement was acknowledged and verified before me this

is day of

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

MY COMMISSION EXPIRES:

AMY E. LAMBERT

Commission Expires

Feb. 13, 2017

NOTARY HUBLIC

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

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