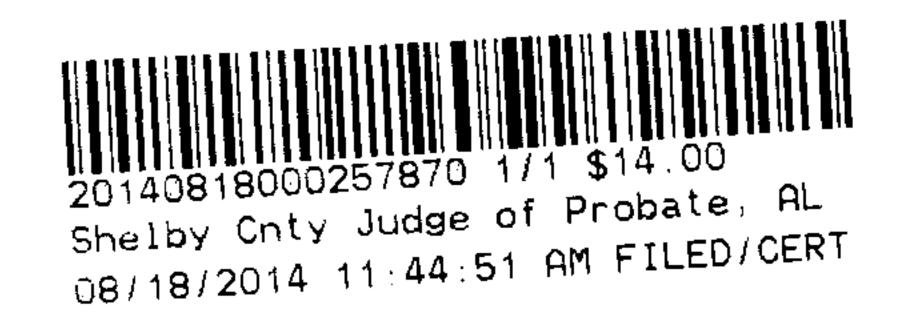
TO: Shelby County Probate Office

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:

Taylor Campbell

Address:

P. O. Box 903

Columbiana, AL 35007

Admit Date:

July 6, 2014

Discharge Date:

July 6, 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:

ALFA Insurance Co. - X04-3843 2692 Pelham Parkway, Suite E Pelham, AL

Shelby Baptist Medical Center

BY:

Agent

STATE OF MISSISSIPPI COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Thursday, August 14, 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 Bapt st Medica

NOTARY PUBLIC

MY COMMISSION EXPIRES:

Commission Expires ... Feb. 13, 2017

AMY E. LAMBERT

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