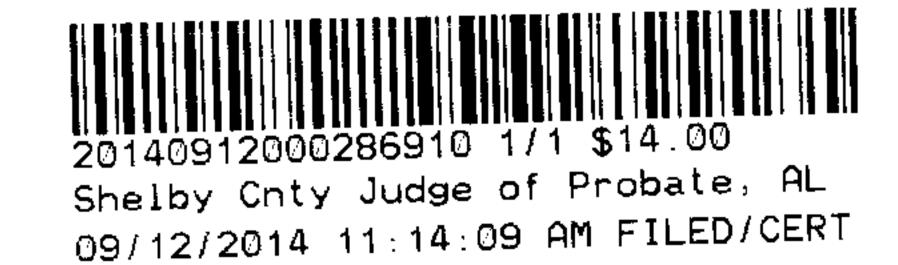
**TO:** Shelby County Probate Office

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:

**Christine Johnson** 

Address:

4270 Memorial Street

Hoover, AL 35226

Admit Date:

July 08, 2014

Discharge Date:

July 09, 2014

Amount Due:

\$6,723.00

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	BY:	$\partial_{x}$
COUNTY OF ALCORN	<del></del>	
The foregoing statement was acknown in the foregoing stat		before me this <u>Q</u> day of the duly authorized Shelby Baptist Medical
Center of the above named health care provider for and on behalf of said hospital.		
MY COMMISSION EXPIRES:	OF WISS, TARY PUBLISH 1D # 104665	NOTARY PUBLIC
	AMY E. LAMBERT	, ,

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