

**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 Baptist Health System 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: **Tyler Willis**  
Address: **2526 Windsor Court**  
**Alabaster, AL 35007**  
Admit Date: **September 10, 2014**  
Discharge Date: **September 10, 2014**  
Amount Due: **\$5,730.00**



20140929000304790 1/1 \$14.00  
Shelby Cnty Judge of Probate, AL  
09/29/2014 02:12:02 PM FILED/CERT

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:

**USAA Insurance Claims - 106232781**  
**P.O. Box 5000**  
**Daphne, AL**

**Shelby Baptist Medical Center**

**BY:**

**Agent**

STATE OF MISSISSIPPI  
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Thursday, September 25, 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: \_\_\_\_\_



NOTARY PUBLIC

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