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


20141003000310460 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
10/03/2014 10:42:58 AM 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 Cullman County, whose address is 1912 Alabama 157 Cullman, AL 35058, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name: **Clifford Lynch**
Address: **1353 Bolte Road Southeast**
Cullman, AL 35055
Admit Date: **September 8, 2014**
Discharge Date: **September 8, 2014**
Amount Due: **\$1,280.51**

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:

Sentinel Insurance - PA12067225
P. O. Box 14261
Lexington, KY

Cullman Regional Medical Center

BY: *Shane Scott*
Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Friday, September 26, 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 Cullman Regional

Mitchell M. Wilbanks
NOTARY PUBLIC

MY COMMISSION EXPIRES: _____



Prepared by:
Shane Scott
P.O Box 1465
Corinth, MS 38834