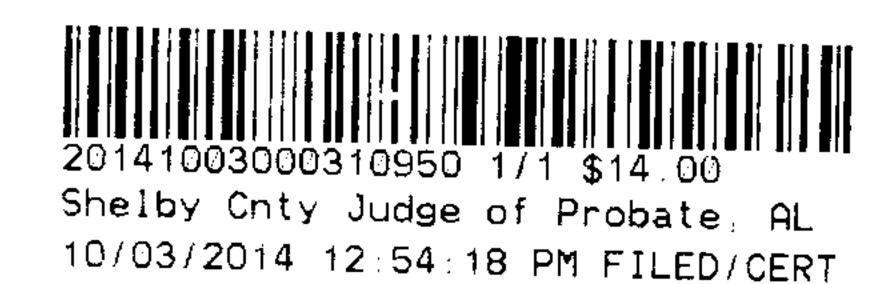
TO: Shelby County Probate Office

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: Danielle Knight

Address: 36 Oakdale Drive

Montevallo, AL 35115

Admit Date: August 25, 2014
Discharge Date: August 25, 2014

Amount Due: \$3,030.00

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 B COUNTY OF ALCORN	BY:
The foregoing statement was acknowledged and very 2014, by	the duly authorized Shelby Baptist Medical
MY COMMISSION EXPIRES:	NOTARY PUBLIC

ID # 104665

AMY E. LAMBERT

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