

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

20141003000310970 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
10/03/2014 12:54:20 PM FILED/CERT


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: **Gabrielle Yeager**
Address: **539 5th Avenue Southeast**
Alabaster, AL 35007
Admit Date: **July 24, 2014**
Discharge Date: **July 26, 2014**
Amount Due: **\$29,155.00**

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:

Omni Insurance - 2014-83512
P.O. Box 105019
Atlanta, GA

BY:  **Shelby Baptist Medical Center**
Agent

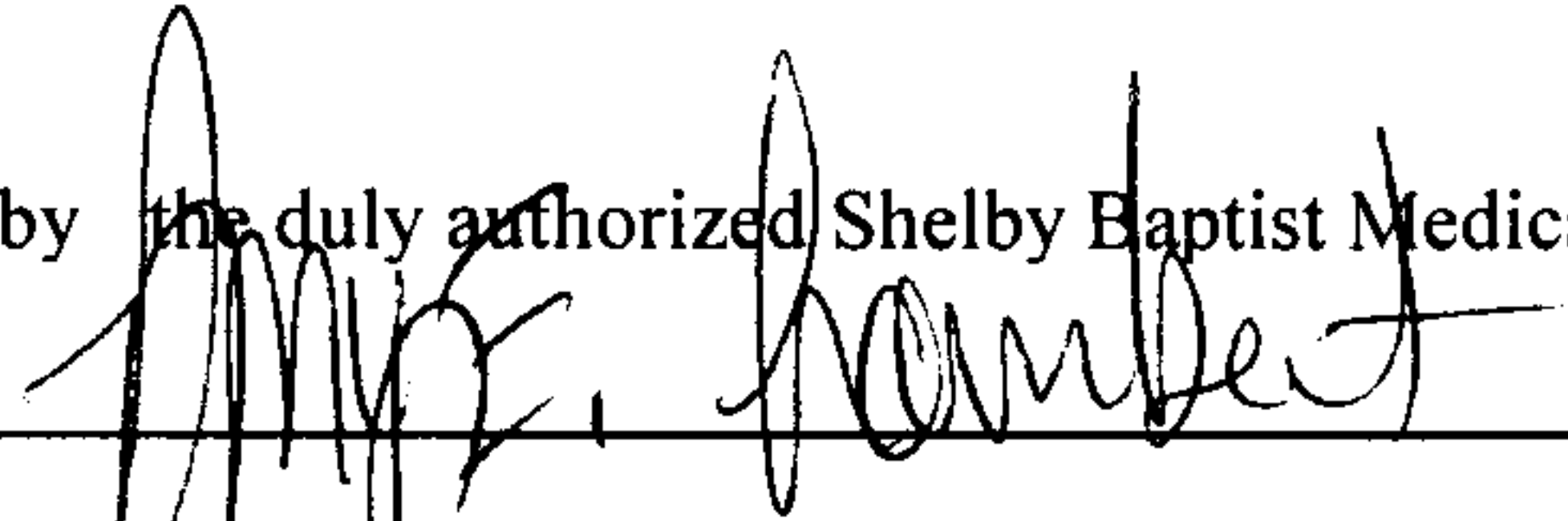
STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Monday, September 29, 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