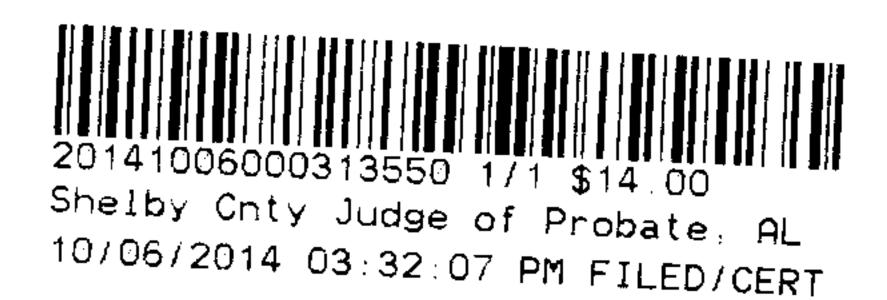
TO: Shelby County Probate Office

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 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: Joseph Armstrong Address: 1265 Bennett Drive

Alabaster, AL 35007

Admit Date: September 19, 2014
Discharge Date: September 19, 2014

Amount Due: \$2,347.00

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 COUNTY OF ALCORN

BY:

The foregoing statement was acknowledged and verified before me this ______ d

the following statement was acknowledged and vermed before me this _____ adj or ____ adj or _____ the duly authorized Shelby Baptist Medical

ID#104665

AMY E. LAMBERT

Commission Expires

Center of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES:

NOTARY PUBLIC

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