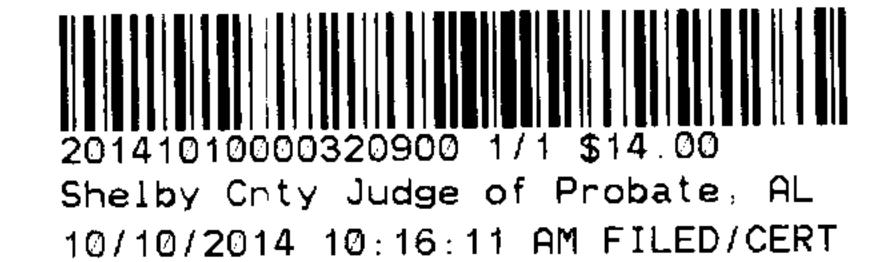
TO:

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:

Alicia Stone

Address:

120 Jackson Street Apt 2

Thorsby, AL 35171

Admit Date:

September 02, 2014

Discharge Date:

September 02, 2014

Amount Due:

\$756.00

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

	$\bigcap_{\mathbf{r}}$
STATE OF MISSISSIPPI	BY:
COUNTY OF ALCORN	
The foregoing statement was acknowled	edged and verified before me this 16 day of
	the duly authorized Shelby Baptist Medical
Center of the above named health care	the duly authorized Shelby Baptist Medical provider for and on behalf of said hospitall.
	JE OF MISSIS. MINDER
MY COMMISSION EXPIRES:	D# 104665 CHOTARY PUBLIC
	AMY E. LAMBERT
	Commission Expires Feb. 13, 2017
	Mingo

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