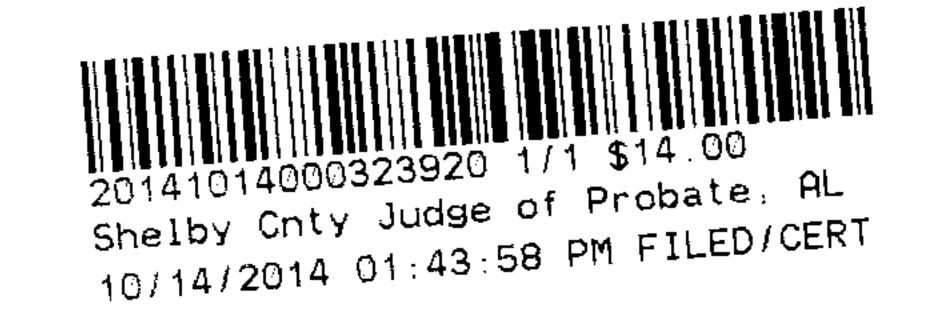
TO: Shelby County Probate Office

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: George Cessna

Address: 9020 Barber

Sherwood, AR 72120

Admit Date: August 23, 2014

Discharge Date: August 24, 2014

Amount Due: \$16,472.00

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:

American National - 03A2UF469 1949 East Sunshine Springfield, MO

Shelby Baptist Medical Center

Agent

BY:

STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Thursday, October 9, 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

NOTARY PUBLIC

MY COMMISSION EXPIRES:

Commission Expires

ID # 104665

AMY E. LAMBERT

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