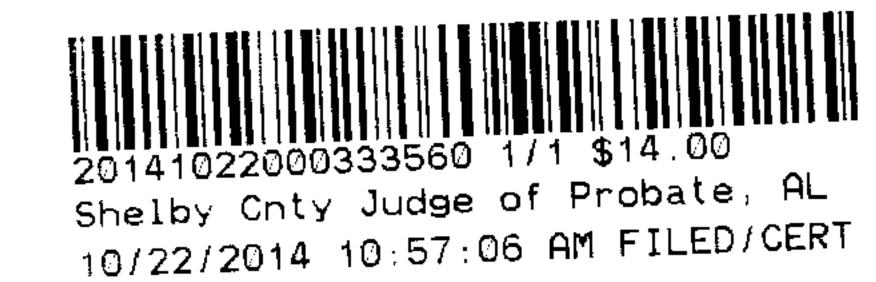
TO: Shelby County Probate Office

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:

Toni Ard

Address:

1509 Sequoia Trail

Alabaster, AL 35007

Admit Date:

September 17, 2014

Discharge Date:

September 17, 2014

Amount Due:

\$4,760.60

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:

Progressive Insurance - 141545163 P.O. Box 512926

Los Angeles, CA

BY:

Shelby Baptist Medical Center

the duly authorized Shellby Baptist Medical

Agent

STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Friday, October 17, 2014, by the duly authorized Hospital of the above named health care provider for and on behalf of said hospital.

ID # 104665

AMY E. LAMBERT

The foregoing statement was acknowledged and verified before me this 2014, by

MY COMMISSION EXPIRES:

NOTARY PUBLIC

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