

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: **Sanjuan Cottrell**
Address: **P. O. Box 342**
Calera, AL 35040
Admit Date: **September 19, 2014**
Discharge Date: **September 19, 2014**
Amount Due: **\$843.20**

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:

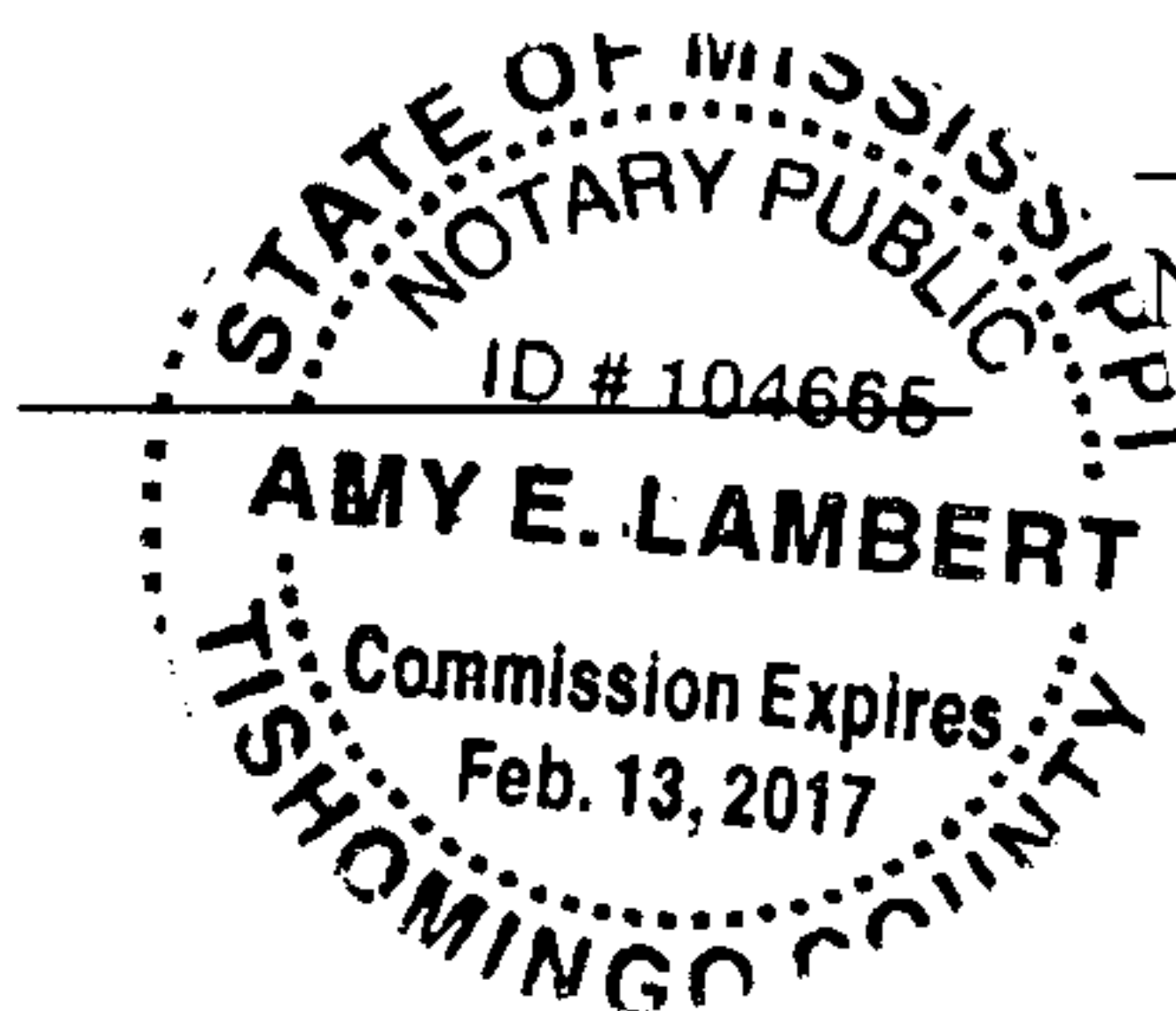
*** Under Alabama code Section 35-11-371 (1975), the filing of this lien constitutes notice to any persons liable for such damages whether or not are named herein**

STATE OF MISSISSIPPI
COUNTY OF ALCORN

BY: _____

The foregoing statement was acknowledged and verified before me this 20th day of October, 2014, by Kimberlee M. Fair the duly authorized Shelby Baptist Medical Center of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES: _____



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

