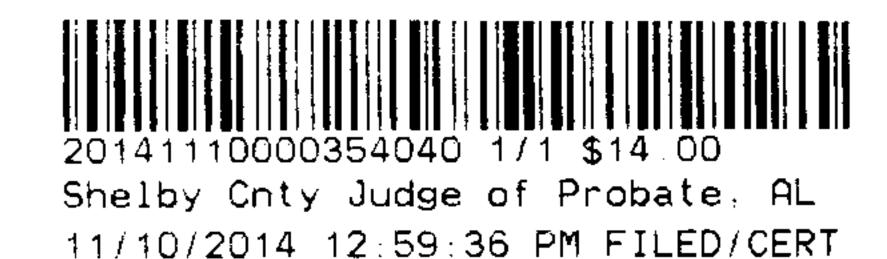
TO: Shelby County Probate Office

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: Melanie Campbell Address: 1808 Liberty Road

Chelsea, AL 35043

Admit Date: October 17, 2014
Discharge Date: October 17, 2014

Amount Due: \$3,664.80

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

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STATE OF MISSISSIPPI	BY:	<i>V.</i>	
COUNTY OF ALCORN			
The foregoing statement was ack	nowledged and verified	ed before me this <u>hardy</u> day of the duly authorized Shelby Baptist I	Medical
Center of the above named health	care provider for and	on behalf of said hospital.	
	0 + W115	MMC hamble	
MY COMMISSION EXPIRES:	TARY PUBLO	NOTARY PUBLIC	
	ID#104665		
	AMYE. LAMBERT		
	Commission Expires Feb. 13, 2017		
	OMINGO		

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