411199037

TO: Shelby County Probate Office
P.O. Box 825
Columbiana, AL 35051

20141110000354090 1/1 $14.00
Shelby Cnty Judge of Probate, AL
11/10/2014 12:59:41 PM FILED/CERT

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:	**Javoris Brasher**
Address:	**8351 South Main Street**
	Wilsonville, AL 35186
Admit Date:	**October 17, 2014**
Discharge Date:	**October 18, 2014**
Amount Due:	**$1,368.00**

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:

State Farm - 01547J617
P. O. Box 106145
Atlanta, GA

Shelby Baptist Medical Center

BY: _____
Agent

STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Thursday, November 6, 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: _____

STATE OF MISSISSIPPI
NOTARY PUBLIC
ID # 104685
AMY E. LAMBERT
Commission Expires
Feb. 13, 2017
TISHOMINGO COUNTY

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