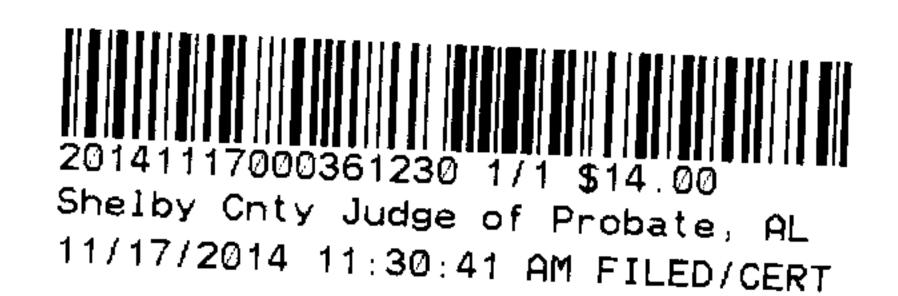
**TO:** Shelby County Probate Office

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: Micheal Thomson

Address: 2175 Bailey Brook

Hoover, AL 35244

Admit Date:

October 27, 2014

Discharge Date:

October 27, 2014

Amount Due:

\$1,224.00

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:

\* 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	<b>BY:</b>	
COUNTY OF ALCORN		
The foregoing statement was acknowled, 2014, by  Center of the above named health of	Walteri	the duly authorized \$helby Baptist Medical
MY COMMISSION EXPIRES:	OF MISS TARY PUSICS ID # 104665  AMY E. LAMBERT  Commission Expires	NOTARY PUBLIC

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