20141216000393960 1/1 \$14.00 Sholby Coty Judge of Probate: AL

20141216000393960 171 314.00 Shelby Cnty Judge of Probate, AL 12/16/2014 09:09:09 AM FILED/CERT

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:

Brandon Boyce

Address:

45 County Road 1011

Montevallo, AL 35115

Admit Date:

November 19, 2014

Discharge Date:

November 19, 2014

Amount Due:

\$4,591.40

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:

USAA Insurance Claims - 219047262 P.O. Box 26001 Daphne, AL

STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Wednesday, December 10, 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 OF WILDS NOPARY PUBLIC

MY COMMISSION EXPIRES:

AMY E. LAMBERT

Commission Expires

Feb 13 2017

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