


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


20141217000396460 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
12/17/2014 02:01:16 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: **Theoies Tuggle**
Address: **3653 Cedarbrook Trail**
Birmingham, AL 35216

Admit Date: **November 25, 2014**
Discharge Date: **November 25, 2014**
Amount Due: **\$1,282.00**

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:

Allstate - 0350175188
P.O. Box 660636
Dallas, TX

Shelby Baptist Medical Center

BY: _____

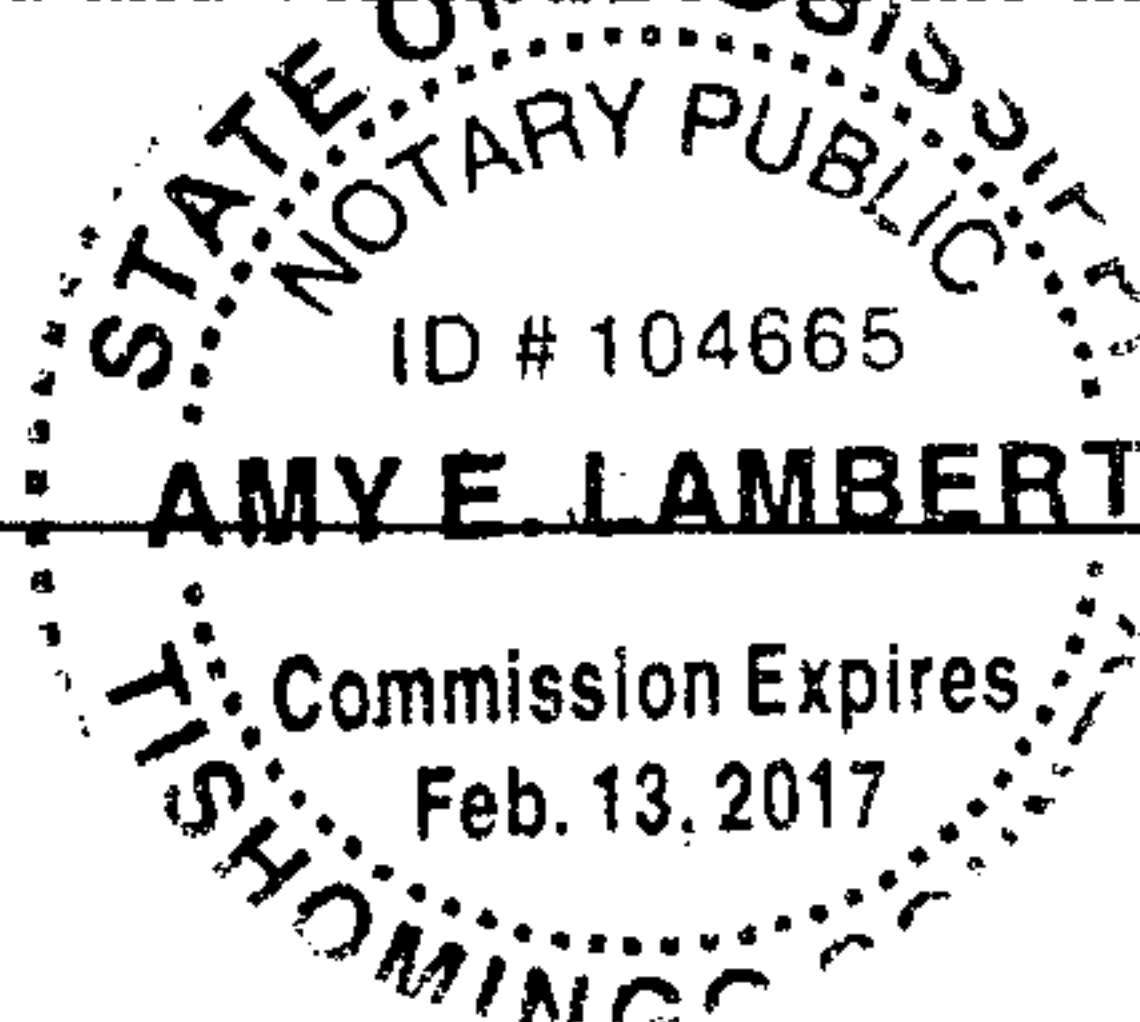
Agent

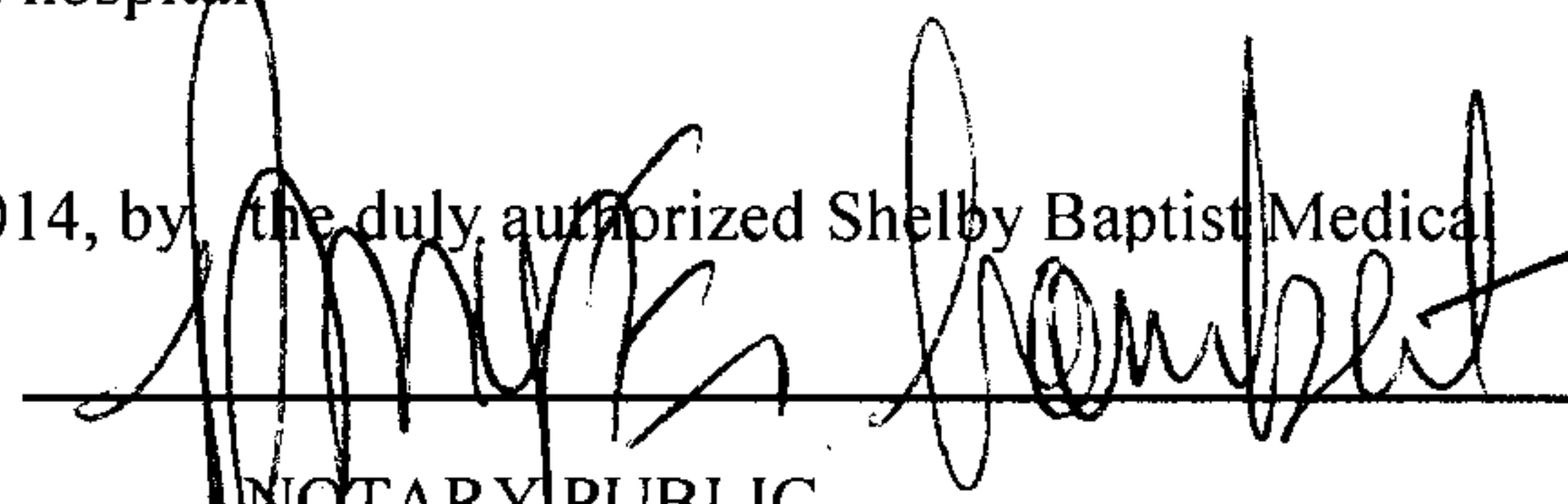
STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Thursday, December 11, 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

MY COMMISSION EXPIRES: _____




NOTARY PUBLIC

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