**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:

**Mary Avritt** 

Address:

232 Park Place Way

Alabaster, AL 35007

Admit Date:

December 15, 2014

Discharge Date:

December 15, 2014

Amount Due:

\$6,708.00

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 Insurance - 0351396501 P.O. Box 2874 Clinton, IA

Shelby Baptist Medical Center

Agent

BY:

STATE OF MISSISSIPPI

**COUNTY OF ALCORN** 

The foregoing statement was acknowledged and verified before me this Tuesday, December 23, 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:

AMY E. LAMBERT

U#104665

Commission Expires ....

20141229000407170 1/1 \$14.00 20141229000407170 1/1 \$14.00 Shelby Cnty Judge of Probate, AL 5helby Cnty Judge of Probate, AL 12/29/2014 03:46:55 PM FILED/CERT

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