411219200

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:	**Clarrice Hoggle**
Address:	**28139 Highway 183** **Marion, AL 36756**
Admit Date:	**December 14, 2014**
Discharge Date:	**December 14, 2014**
Amount Due:	**$4,607.00**

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:

Alfa Insurance - H0400005013
Claims DepartmentP O Box 126
Demopolis, AL

BY: **Shelby Baptist Medical Center**

Agent

STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Tuesday, January 6, 2015, 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 2015, by the duly authorized Shelby Baptist Medical

NOTARY PUBLIC

MY COMMISSION EXPIRES:

STATE OF MISSISSIPPI NOTARY PUBLIC ID # 104665 AMY E. LAMBERT Commission Expires Feb. 13, 2017 TISHOMINGO COUNTY

20150109000009460 1/1 $14.00
Shelby Cnty Judge of Probate, AL
01/09/2015 10:52:00 AM FILED/CERT

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