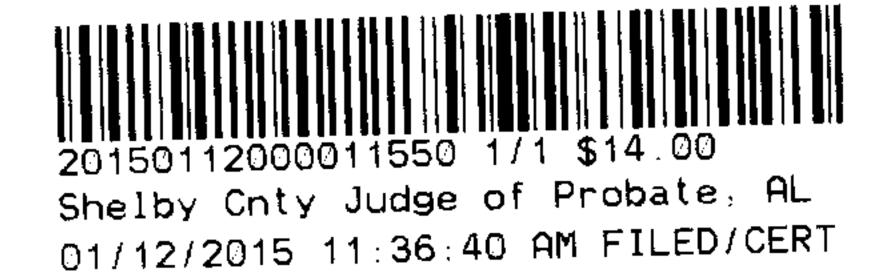
TO: Shelby County Probate Office

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:

Kimberly Stewart

Address:

905 Pine Circle

Sterrett, AL 35147

Admit Date:

November 12, 2014

Discharge Date:

November 12, 2014

Amount Due:

\$2,393.20

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 - x0400004333 2692 E. Pelham Pkwy. Pelham, AL

Shelby Baptist Medical Center

Agent

BY:

STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Thursday, January 8, 2015, by the duly authorized Hospital of the above named health care provider for and on behalf of said hospital.

AMY E. LAMBERT

Commission Expires

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

NOTARY PUBLIC

MY COMMISSION EXPIRES:

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