


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

  
20150121000021100 1/1 \$14.00  
Shelby Cnty Judge of Probate, AL  
01/21/2015 08:45:55 AM FILED/CERT

**NOTICE OF HOSPITAL LIEN**

Under the provisions of Alabama Code 1975, § 35-11-370 et seq., notice is hereby given that 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: **April Benton**  
Address: **3524 West Ashby Road**  
**Brierfield, AL 35035**  
Admit Date: **December 4, 2014**  
Discharge Date: **December 4, 2014**  
Amount Due: **\$1,367.00**

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:

**State Farm Insurance - 015M10553**  
**Auto Claims Central P O Box 106145**  
**Atlanta, GA**

**ALFA Insurance - X1300001811**  
**701 Logan Road**  
**Clanton, AL**

**Shelby Baptist Medical Center**

**BY:** \_\_\_\_\_

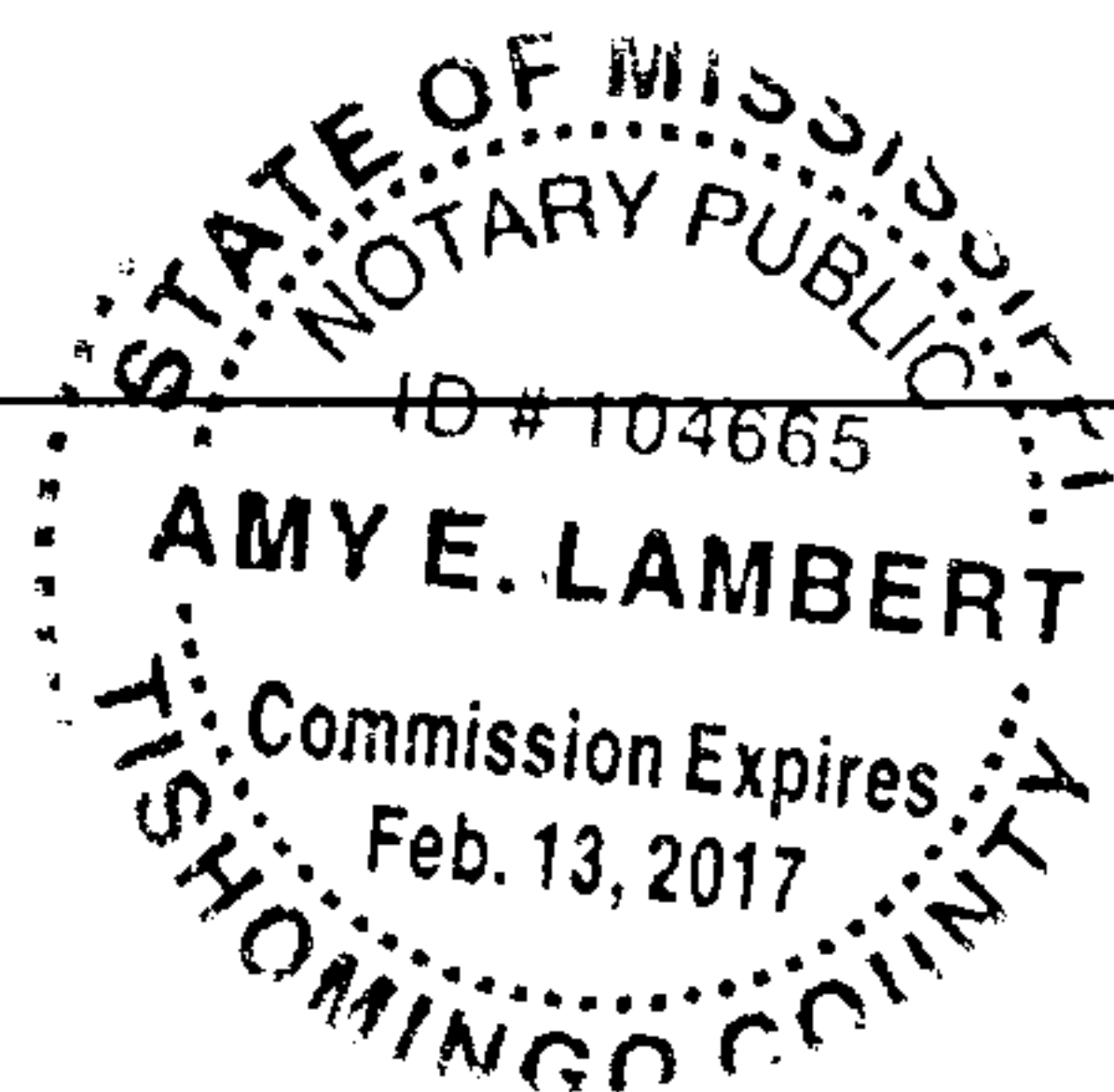
**Agent**

STATE OF MISSISSIPPI  
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Thursday, January 15, 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

MY COMMISSION EXPIRES: \_\_\_\_\_



**NOTARY PUBLIC**

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