411211309

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

20150121000021150 1/1 $14.00
Shelby Cnty Judge of Probate, AL
01/21/2015 08:46:00 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:	**Alisha Allen**
Address:	**346 10th Street Southwest**
	Alabaster, AL 35007
Admit Date:	**November 20, 2014**
Discharge Date:	**November 20, 2014**
Amount Due:	**$1,874.00**

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 - 015K15451
P.O. Box 106145
Atlanta, GA

BY: _____
Shelby Baptist Medical Center
Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Wednesday, January 14, 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: _____

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

_____
NOTARY PUBLIC

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