

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

20150122000023750 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
01/22/2015 10:50:34 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: **Stephanie Funderburk**
Address: **460 Holland Lakes Drive**
Pelham, AL 35124
Admit Date: **December 19, 2014**
Discharge Date: **December 19, 2014**
Amount Due: **\$21,795.78**

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:

Safeco Insurance - 3417700085002
PO Box 515097
Los Angeles, CA

Cincinnati Insurance - 2356590
P. O. Box 929
Alabaster, AL

Shelby Baptist Medical Center

BY:

Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Friday, January 16, 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