


**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 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: **Avette M Dunn**  
Address: **52 River Bend Drive**  
**Columbiana, AL 35051**  
Admit Date: **January 6, 2015**  
Discharge Date: **January 6, 2015**  
Amount Due: **\$331.20**

  
20150122000023810 1/1 \$14.00  
Shelby Cnty Judge of Probate, AL  
01/22/2015 10:50:40 AM FILED/CERT

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 Co. - X04-4494**  
**2692 Pelham Parkway, Suite E**  
**Pelham, AL**

**Shelby Baptist Medical Center**

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

**Agent**

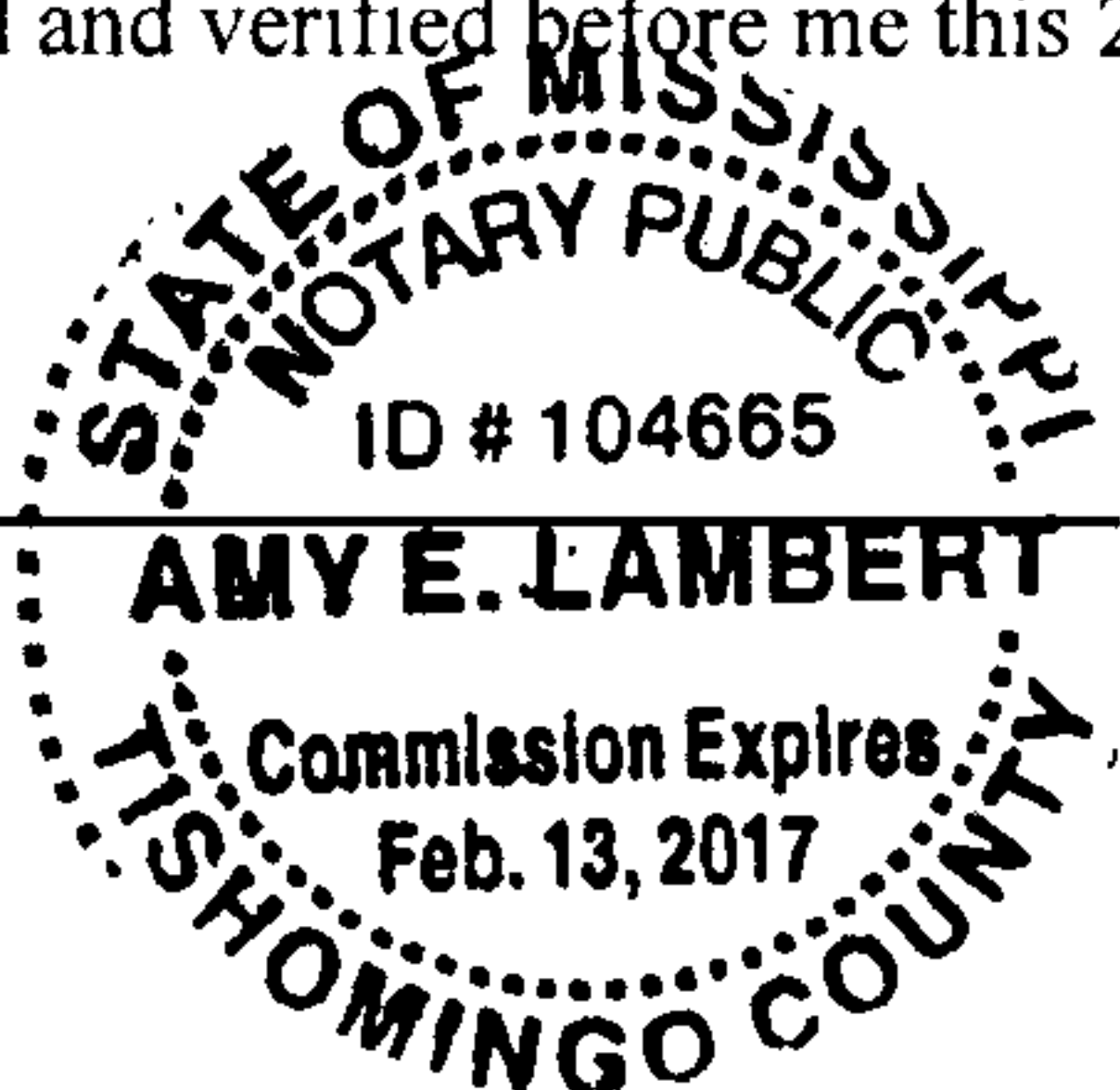
STATE OF MISSISSIPPI

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