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:

Martavious Kenney

Address:

P. O. Box 2362

Alabaster, AL 35007

Admit Date:

December 1, 2014

Discharge Date:

December 1, 2014

Amount Due:

\$1,170.00

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:

Nationwide Insurance - 180930GB One Nationwide GatewayDept 5578 Des Moines, IA

Shelby Baptist Medical Center

the duly authorized Shelby Baptist Medical

Agent

Shelby Cnty Judge of Probate, AL

01/22/2015 10:50:42 AM FILED/CERT

BY:

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.

AMY E. LAMBERT

The foregoing statement was acknowledged and verified before me this 2015, by

NOTARY PUBLIC

MY COMMISSION EXPIRES:

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