

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

20150202000033410 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
02/02/2015 10:52:07 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: **Theresa A Snead**
Address: **43 Bluebird Dr**
Maylene, AL 35114
Admit Date: **January 4, 2015**
Discharge Date: **January 5, 2015**
Amount Due: **\$7,168.40**

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:

Farmers Insurance - 3002414484
P.O. Box 268993
Oklahoma City, OK

Farmers/21st Century Insurance - 3002414484-1-2
P.O. Box 268994
Oklahoma City, OK

BY: _____

Shelby Baptist Medical Center

Agent

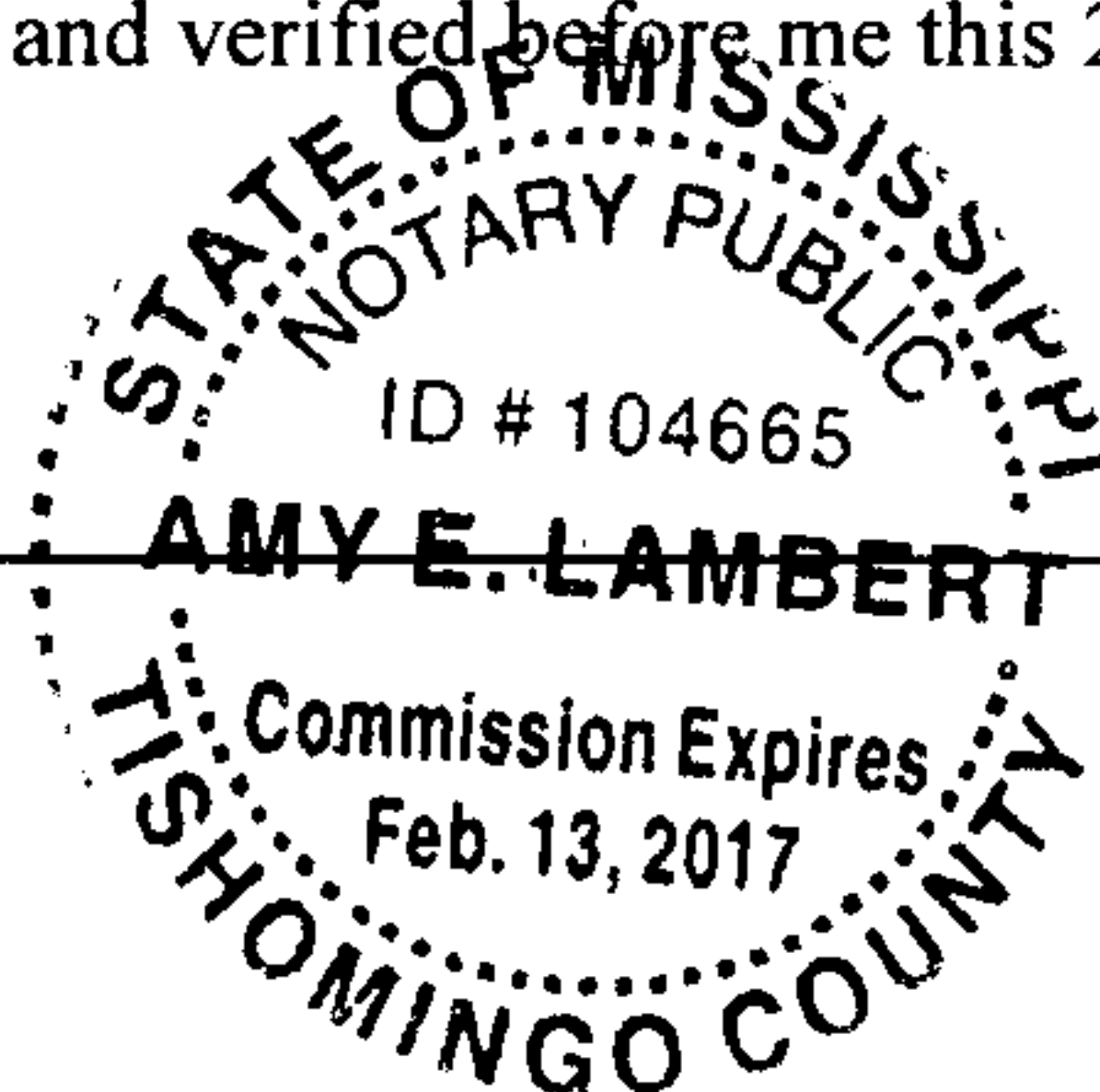
STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Wednesday, January 28, 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