

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



20150202000033440 1/1 \$14.00  
Shelby Cnty Judge of Probate, AL  
02/02/2015 10:52:10 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: **Luella Howard**  
Address: **797 Forrest Hills Drive**  
**Childersburg, AL 35044**  
Admit Date: **January 8, 2015**  
Discharge Date: **January 8, 2015**  
Amount Due: **\$21,274.80**

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 - X1200002549**  
**1011 West Fort Williams**  
**Sylacauga, AL**

**Shelby Baptist Medical Center**

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

Agent

STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Tuesday, January 27, 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