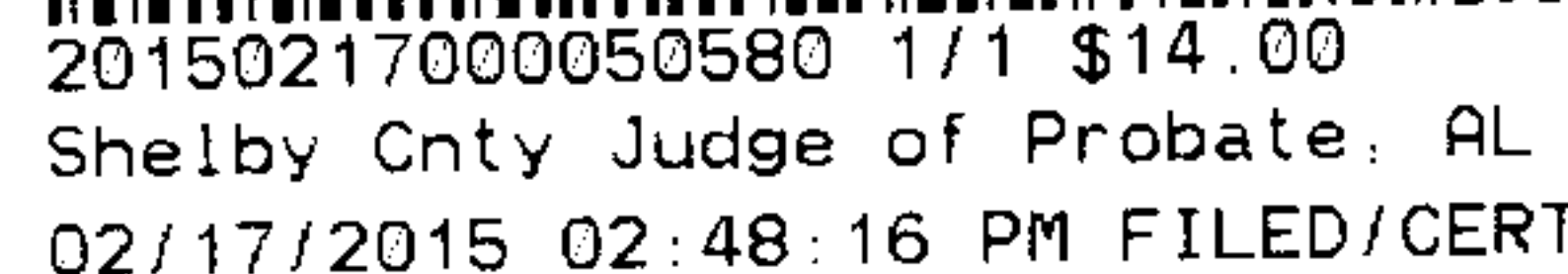


**TO:** Shelby County Probate Office  
P.O. Box 825  
Columbiana, AL 35051



## **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:	<b>Laura Johnson</b>
Address:	<b>338 County Road 129 Montevallo, AL 35115</b>
Admit Date:	<b>January 19, 2015</b>
Discharge Date:	<b>January 19, 2015</b>
Amount Due:	<b>\$5,538.00</b>

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:

**Allstate Insurance - 0355139445**  
**Mail Processing CenterP. O. Box 385004**  
**Birmingham, AL**

**Shelby Baptist Medical Center**

**BY:**

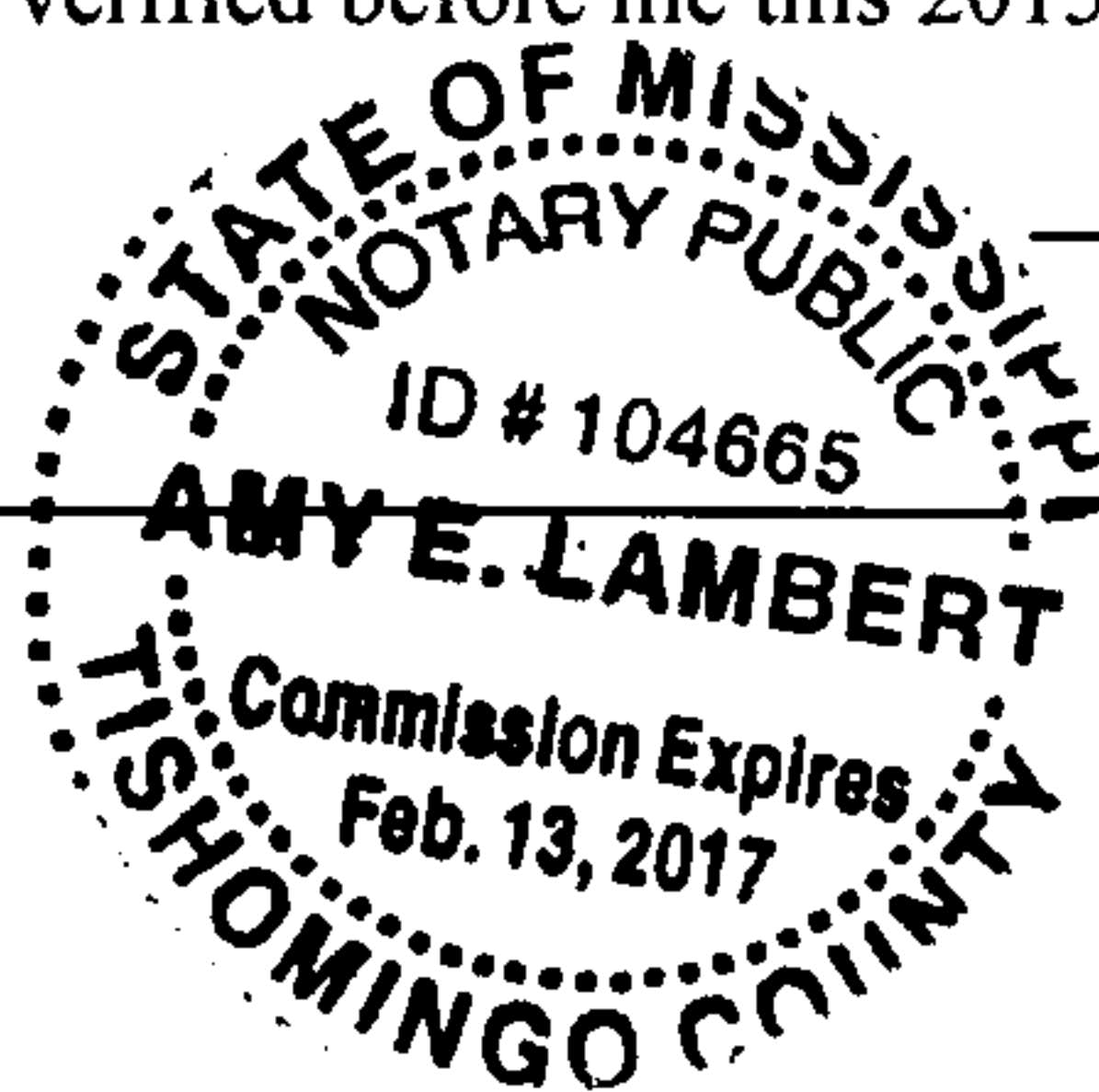
## Agent

STATE OF MISSISSIPPI  
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Wednesday, February 11, 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