

**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 701 Princeton Avenue, SW Birmingham, AL 35211, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name: **Eric Moore**  
Address: **2436 Etowah Street**  
**Birmingham, AL 35217**  
Admit Date: **January 21, 2015**  
Discharge Date: **January 21, 2015**  
Amount Due: **\$10,933.00**

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:

**State Farm - 015R41182**  
**P. O. Box 106145**  
**Atlanta, GA**

**Princeton Baptist Medical Center**

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

*[Signature]*  
**Agent**

STATE OF MISSISSIPPI  
COUNTY OF ALCORN


The foregoing statement was acknowledged and verified before me this Tuesday, February 24, 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 Princeton Baptist Medical

*[Signature]*  
NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_



  
20150227000061260 1/1 \$14.00  
Shelby Cnty Judge of Probate, AL  
02/27/2015 11:04:09 AM FILED/CERT

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