

20150406000108350 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
04/06/2015 12:22:59 PM FILED/CERT

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: **Selah Stough**
Address: **317 Savannah Club Drive
Calera, AL 35040**
Admit Date: **March 19, 2015**
Discharge Date: **March 19, 2015**
Amount Due: **\$19,268.90**

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 - 294034-GB
One Nationwide Gateway Dept 5578
Des Moines, IA**

Shelby Baptist Medical Center

BY: _____

Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

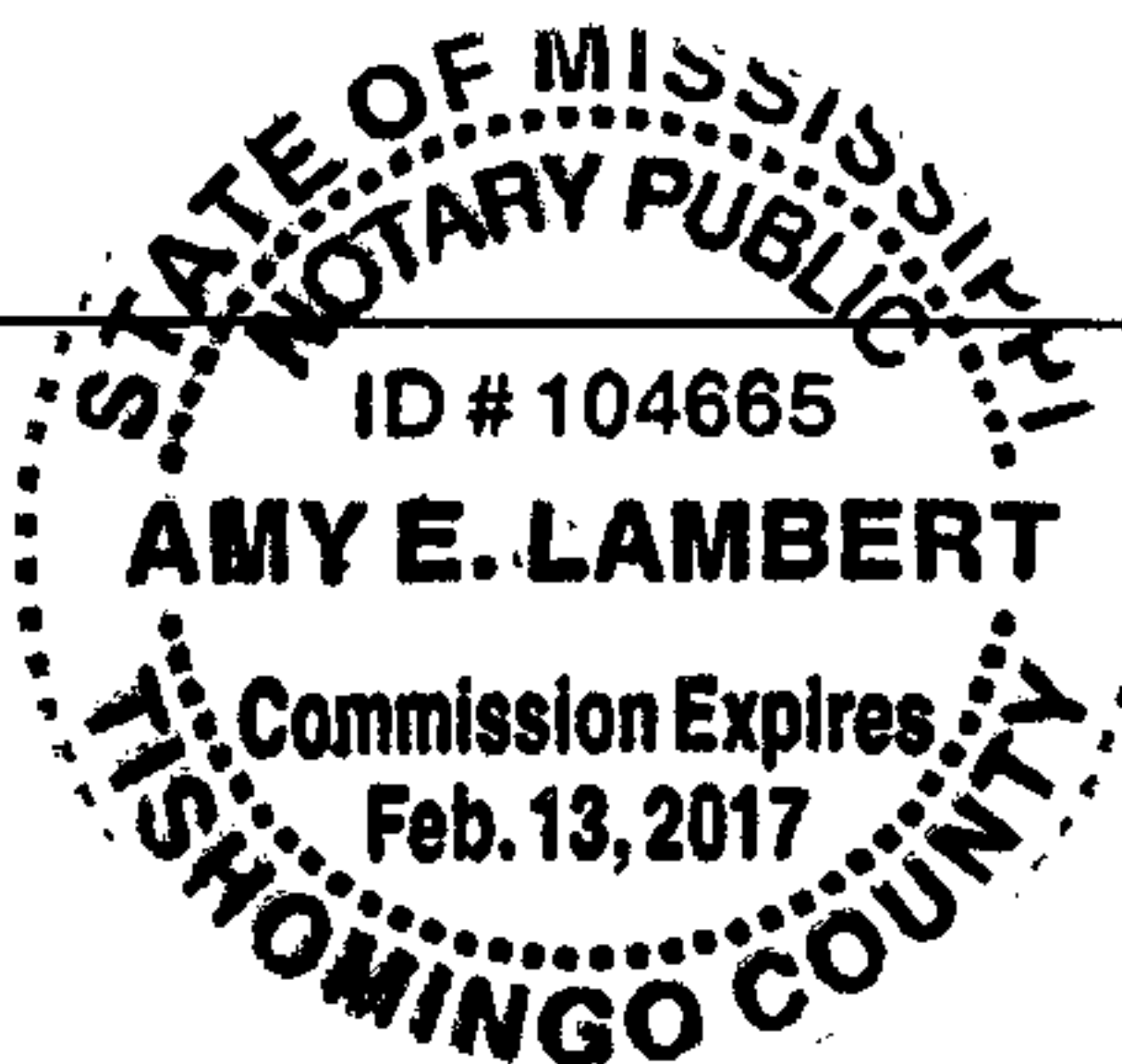
The foregoing statement was acknowledged and verified before me this Wednesday, April 1, 2015, by the duly authorized Hospital of the above named health care provider for and on behalf of said hospital.

The foregoing statement was acknowledged and verified before me this 2015, by the duly authorized Shelby Baptist Medical

Amy E. Lambert

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____



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