


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


20150413000117620 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
04/13/2015 12:25:11 PM 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: **Selah Stough**
Address: **317 Savannah Club Drive**
Calera, AL 35040

Admit Date: **March 4, 2015**
Discharge Date: **March 31, 2015**
Amount Due: **\$2,338.10**

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 - 294034-GB
PO Box 147028
Gainesville, FL

BY: _____

Baptist Health System, Inc.

Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Thursday, April 9, 2015, by the duly authorized Hospital of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES: _____




NOTARY PUBLIC

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