

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


20150413000117660 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
04/13/2015 12:25:15 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: **Rodney Clarke**
Address: **508 Horizon Street**
Maylene, AL 35114

Admit Date: **March 16, 2015**
Discharge Date: **March 16, 2015**
Amount Due: **\$1,699.00**

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 Insurance - 015Z72003
P.O. Box 106145
Atlanta, GA

BY:  **Baptist Health System, Inc.**

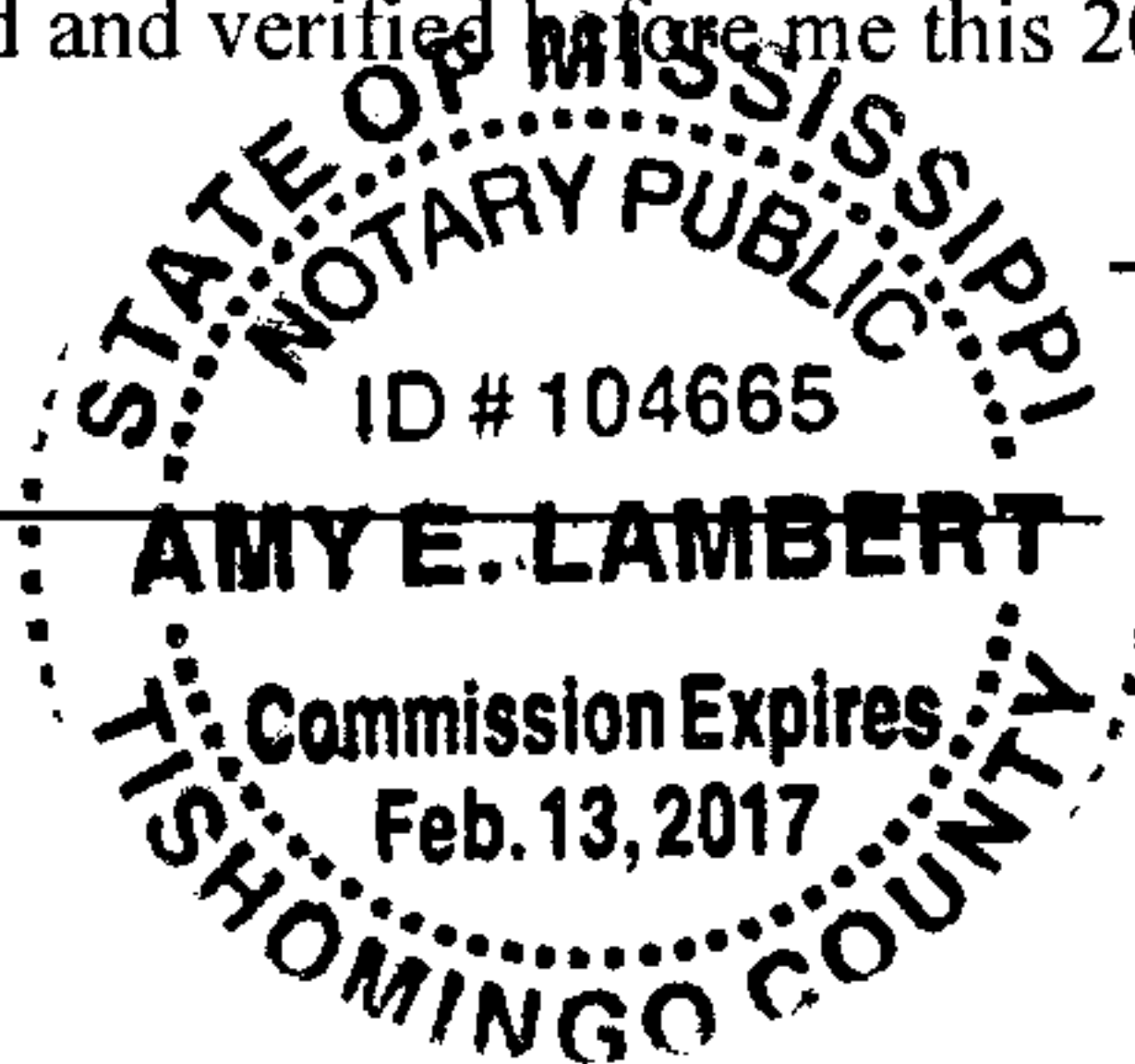
Agent

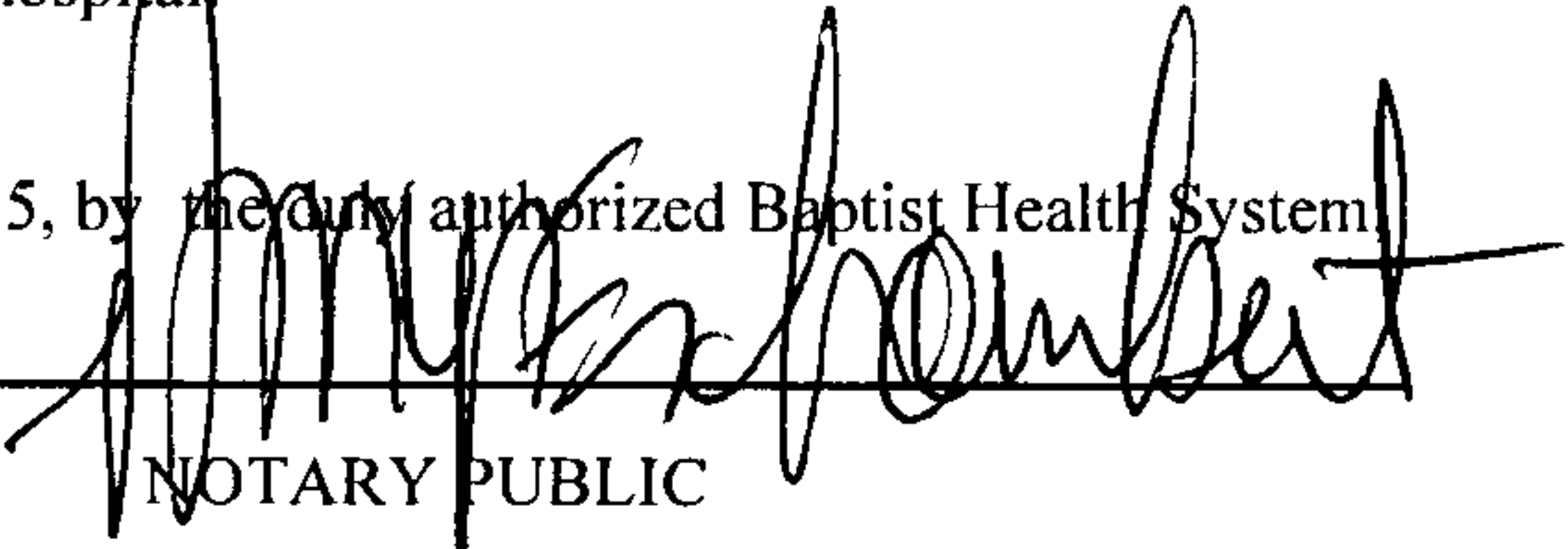
STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Wednesday, April 8, 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 Baptist Health System.

MY COMMISSION EXPIRES: _____




NOTARY PUBLIC

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