

20150417000124470 1/1 \$14.00
 Shelby Cnty Judge of Probate, AL
 04/17/2015 01:35:11 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: **Trent Cunningham**
 Address: **718 Treymoor Lake Circle**
Alabaster, AL 35007
 Admit Date: **March 12, 2015**
 Discharge Date: **March 12, 2015**
 Amount Due: **\$918.40**

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 - 01513C586
P.O. Box 106145
Atlanta, GA

Baptist Health System, Inc.

BY: _____

Agent

STATE OF MISSISSIPPI
 COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Tuesday, April 14, 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