


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


20150420000126510 1/1 \$14.00
Shelby Cnty Judge of Probate: AL
04/20/2015 12:04:00 PM FILED/CERT

NOTICE OF HOSPITAL LIEN

Under the provisions of Alabama Code 1975, § 35-11-370 et seq., notice is hereby given that Shelby Baptist Medical Center, 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: **Tommy Minor**
Address: **2165 County Road 28**
Clanton, AL 35046
Admit Date: **March 28, 2015**
Discharge Date: **March 28, 2015**
Amount Due: **\$21,087.40**

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:

National General Insurance - 1522200
P.O. Box 1623
Winston Salem, NC


Baptist Health System, Inc.

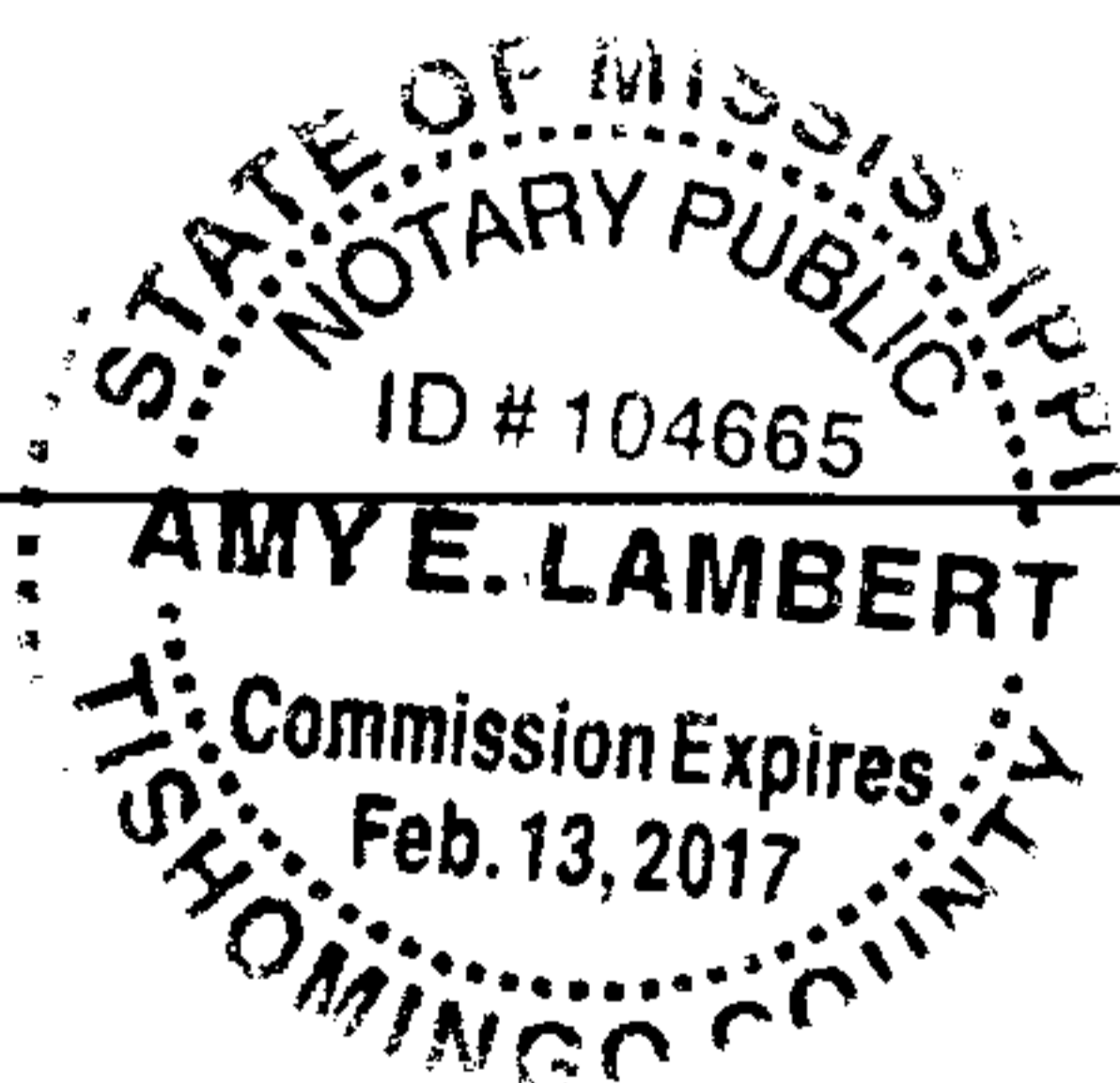
BY: _____

Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Thursday, April 16, 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