


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


20150427000135340 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
04/27/2015 11:59:02 AM 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: **Stephanie Funderburk**
Address: **460 Holland Lakes Drive**
Pelham, AL 35124
Admit Date: **March 26, 2015**
Discharge Date: **March 26, 2015**
Amount Due: **\$541.00**

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:

Safeco Insurance - 11599
PO Box 515097
Los Angeles, CA

Cincinnati Insurance - 21061
P. O. Box 929
Alabaster, AL


Baptist Health System, Inc.

BY:

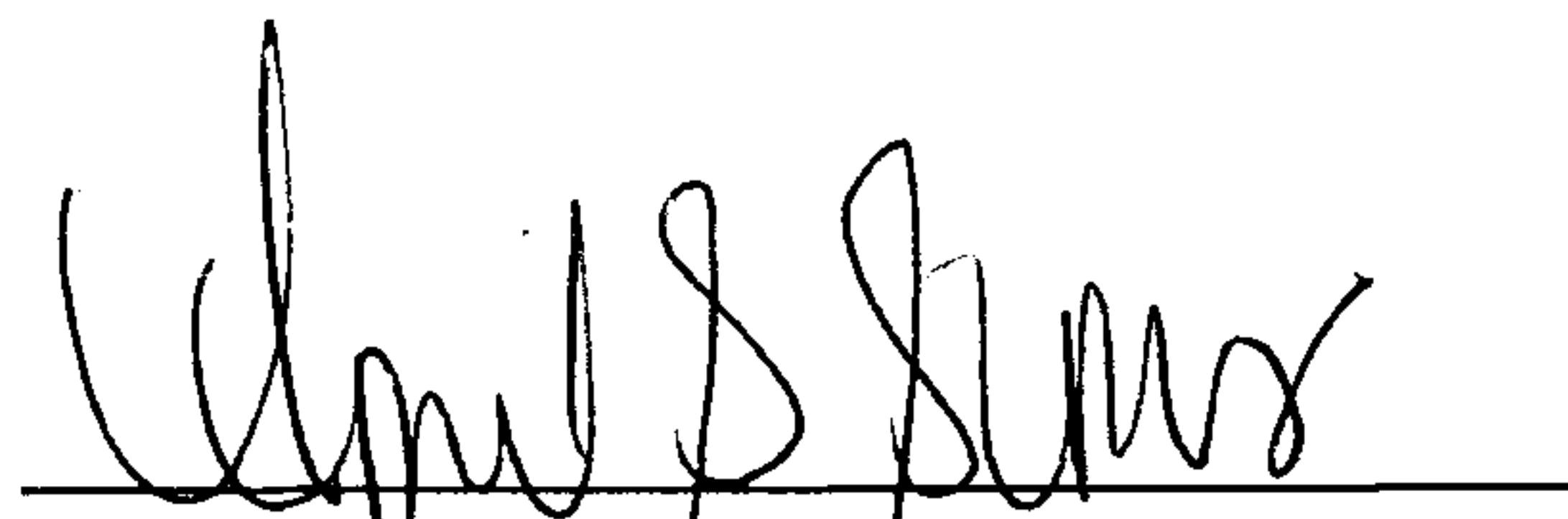
Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Monday, April 13, 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