


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

  
20150427000135810 1/1 \$14.00  
Shelby Cnty Judge of Probate, AL  
04/27/2015 12:30:13 PM FILED/CERT

**NOTICE OF HOSPITAL LIEN**

Under the provisions of Alabama Code 1975, § 35-11-370 et seq., notice is hereby given that Brookwood Medical Center, whose address is 2010 Brookwood Med Ctr Dr Birmingham, AL 35209, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name: **Michael Hull**  
Address: **5825 Southcrest Road**  
**Birmingham, AL 35213-1007**  
Admit Date: **March 25, 2015**  
Discharge Date: **March 25, 2015**  
Amount Due: **\$21,627.68**

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 - 01632M360**  
**P.O. Box 106145**  
**Atlanta, GA**

**Brookwood Medical Center**

**BY:** 

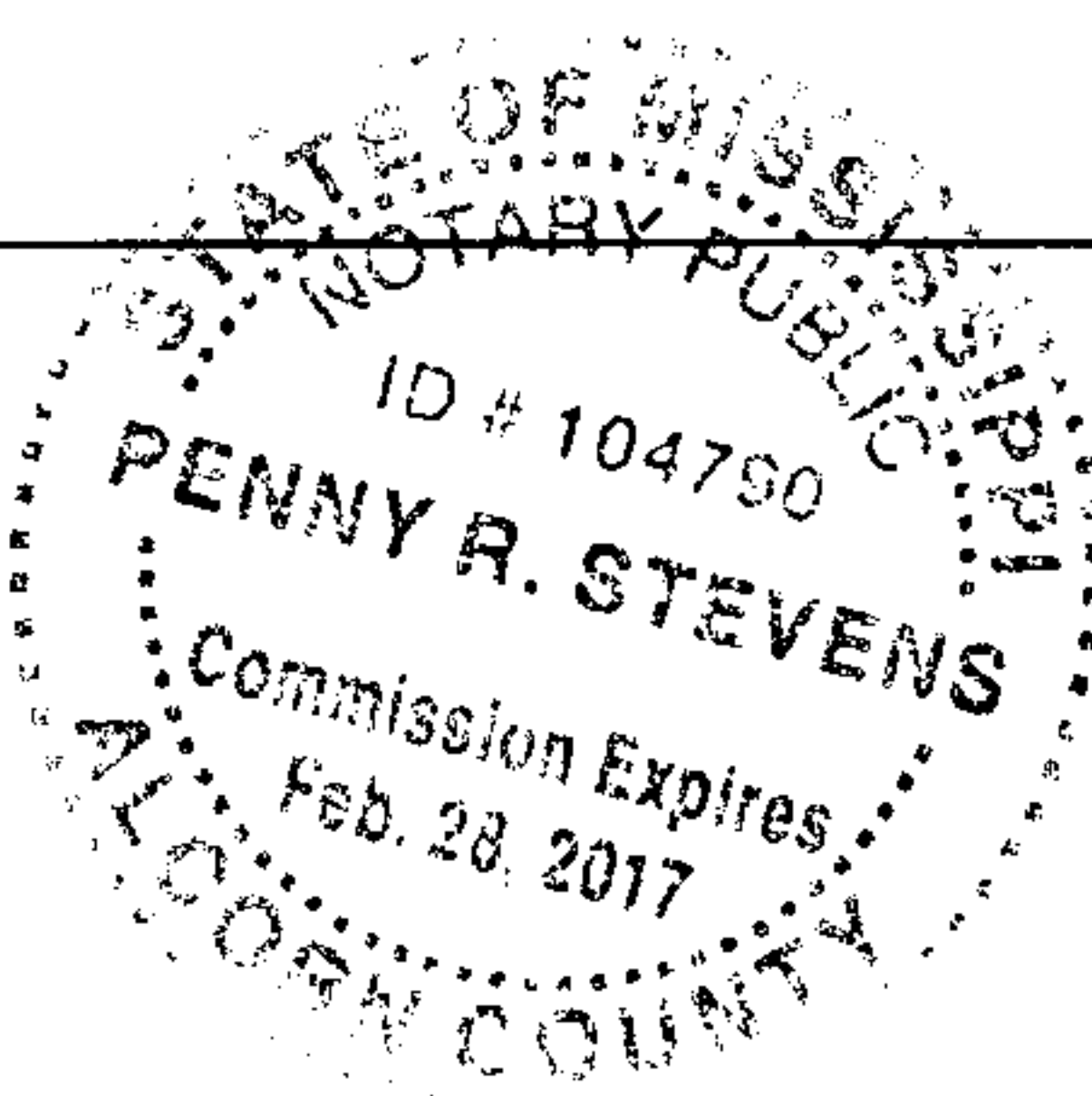
STATE OF MISSISSIPPI  
COUNTY OF ALCORN

Prepared by:  
Heather Shappley  
Avectus Healthcare Solutions  
P.O. Box 1465  
Corinth, MS 38834

The foregoing statement was acknowledged and verified before me this Tuesday, April 21, 2015, by the duly authorized Hospital of the above named health care provider for and on behalf of said hospital.

  
NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_



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