


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

  
20150821000291220 1/1 \$.00  
Shelby Cnty Judge of Probate, AL  
08/21/2015 10:43:14 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: **Ella Florence**  
Address: **2135 Timberline Drive**  
**Alabaster, AL 35007**  
Admit Date: **July 25, 2015**  
Discharge Date: **July 25, 2015**  
Amount Due: **\$660.00**

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:

**Foremost Insurance - 3004009520**  
**P.O. Box 268993**  
**Oklahoma City, OK**

**State Farm - 016V56802**  
**P.O. Box 106145**  
**Atlanta, GA**

**Shelby Baptist Medical Center**

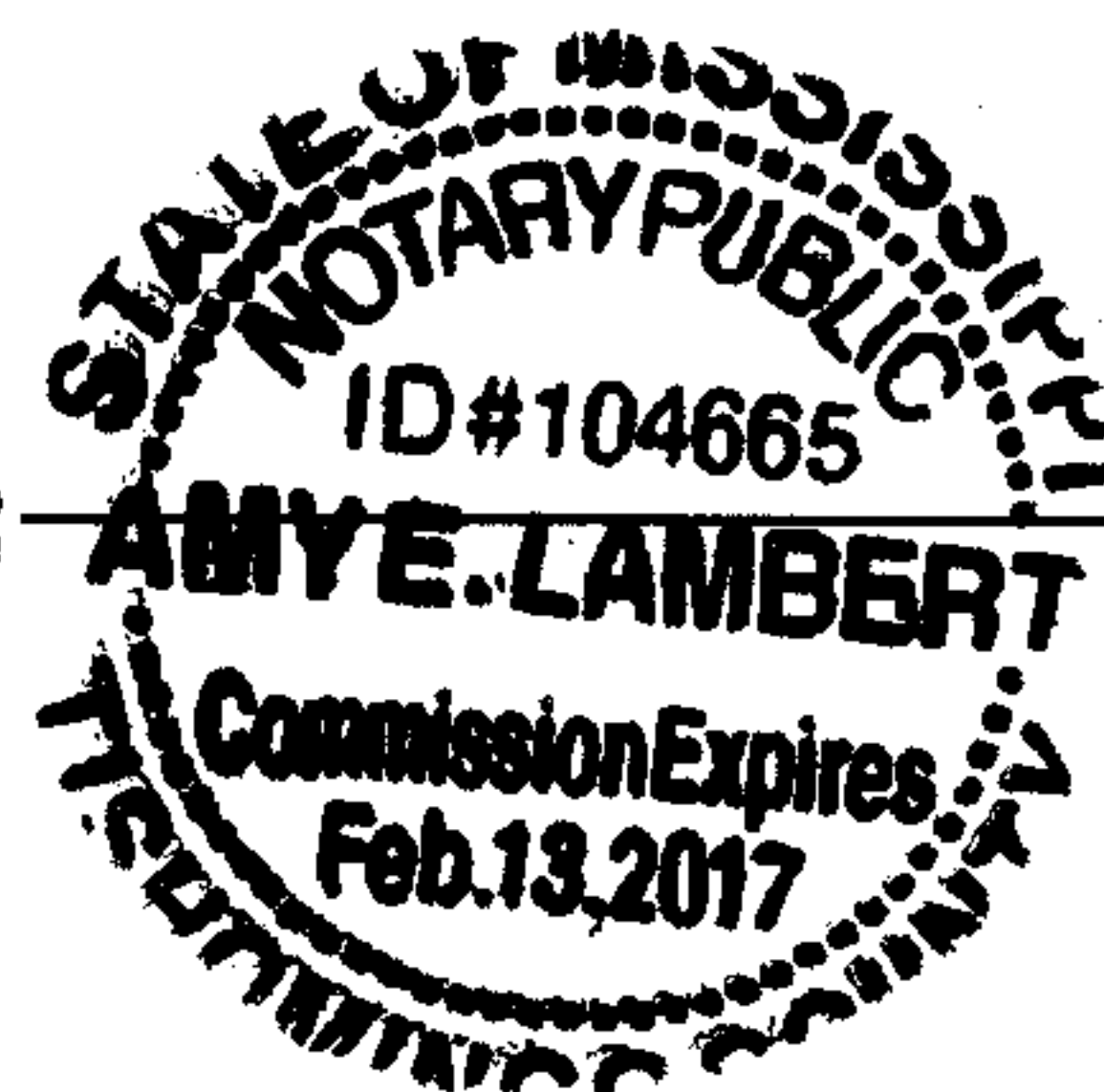
BY: \_\_\_\_\_

**Agent**

STATE OF MISSISSIPPI  
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Monday, August 17, 2015, by Kimberlee M. Fair the duly authorized agent of the above named health care provider for and on behalf of said hospital.

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



\_\_\_\_\_  
NOTARY PUBLIC