


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

  
20150908000313670 1/1 \$.00  
Shelby Cnty Judge of Probate, AL  
09/08/2015 04:02:23 PM 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 604 Stone Avenue Talladega, AL 35160, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name: **Bruce Hurst**  
Address: **219 Jeremy Lane**  
**Lincoln, AL 350967011**  
  
Admit Date: **July 18, 2015**  
Discharge Date: **July 18, 2015**  
Amount Due: **\$3,888.00**

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:

**Nationwide Insurance - 366211**  
**1100 Locust Street Dept 3011**  
**Des Moines, IA**

**Citizens Baptist Medical Center**

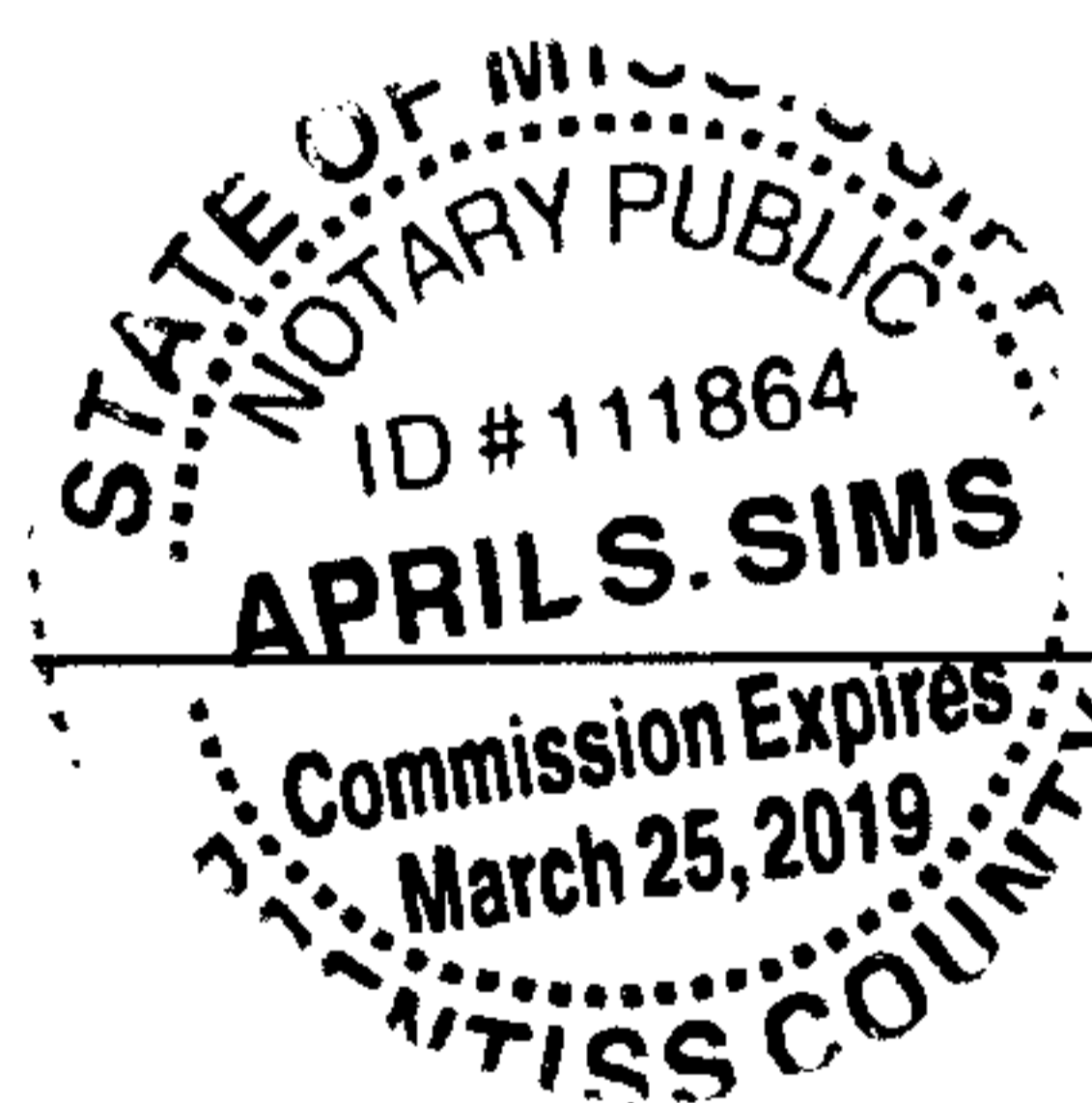
BY: \_\_\_\_\_

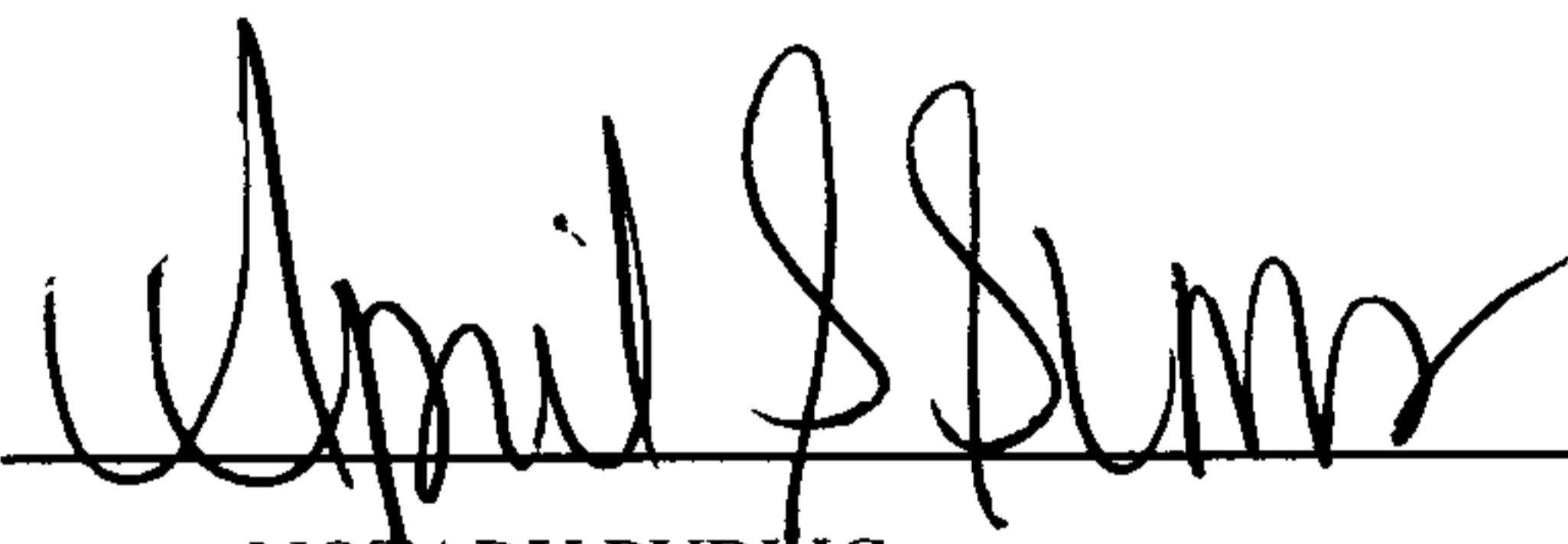
**Agent**

STATE OF MISSISSIPPI  
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Wednesday, September 2, 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