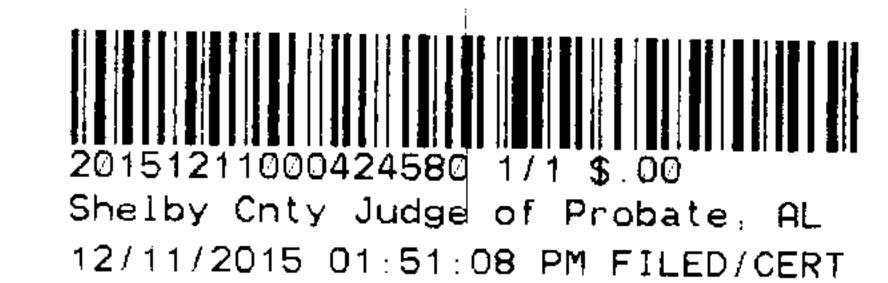
TO: Shelby County Probate Office

P.O. Box 825

Columbiana, AL 35051



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:

Susan Ragsdale

Address:

401 Waterford Highlands Way

Calera, AL 35040

Admit Date:

November 2, 2015

Discharge Date:

November 2, 2015

Amount Due:

\$3,314.00

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:

National General - 583959747122 156 East Main Street, Suite D6 Rock Hill, SC

BY:

STATE OF MISSISSIPPI COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Tuesday, December 8, 2015, by Kimberlee M. Fair the duly authorized agent of the above named health care provider for and on behalf of said hospital.

1D#104665

Commission Expires

MY COMMISSION EXPIRES:

NOTARY PUBLIC

Shelby Baptist Medical Center

Agent