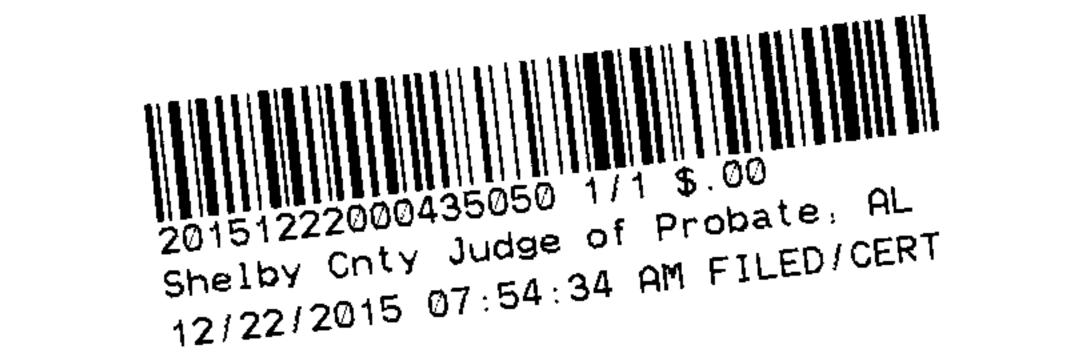
Shelby County Probate Office TO: P.O. Box 825

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:

> Magdaline Dawson Patient's Name:

495 County Road 859 Address:

Jemison, AL 35085

November 17, 2015 Admit Date:

November 17, 2015 Discharge Date:

Amount Due: \$16,823.60

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:

\* Under Alabama code Section 35-11-371 (1975), the filing of this lien constitutes notice to any persons liable for such damages whether or not are named herein

STATE OF MISSISSIPPI COUNTY OF ALCORN

BY:

The foregoing statement was adknowledged and verified before the this

2015, by

the duly authorized agent of the above

named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES:

NOTĀRY PUBLIC