

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: **Cindy Greer**
Address: **1624 Alabama Highway 155**
Jemison, AL 35085-3135
Admit Date: **November 22, 2015**
Discharge Date: **November 22, 2015**
Amount Due: **\$2,664.00**

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:

State Farm - 017N72660
PO Box 106147
Atlanta, GA

Shelby Baptist Medical Center

BY: _____

Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Thursday, December 31, 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

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Shelby Cnty Judge of Probate, AL
01/06/2016 09:11:53 AM FILED/CERT

Kimberlee M. Fair
P.O Box 1465
Corinth, MS 38834