

**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: **Carol Hollis**  
Address: **561 Camp Branch Road**  
**Alabaster, AL 35007**  
  
Admit Date: **November 20, 2015**  
Discharge Date: **November 20, 2015**  
Amount Due: **\$2,511.40**

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:

**Progressive Insurance - 151756293**  
**2100 Riverchase Center, Building 100 Suite 110**  
**Birmingham, AL**

**Shelby Baptist Medical Center**

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

**Agent**


STATE OF MISSISSIPPI  
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Thursday, January 7, 2016, 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

  
20160111000009610 1/1 \$.00  
Shelby Cnty Judge of Probate, AL  
01/11/2016 10:59:09 AM FILED/CERT

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