


**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: **John Keef**  
Address: **16 Echo Hollow Road  
Brierfield, AL 35035**  
Admit Date: **December 16, 2015**  
Discharge Date: **December 17, 2015**  
Amount Due: **\$18,779.85**

  
20160119000017900 1/1 \$.00  
Shelby Cnty Judge of Probate, AL  
01/19/2016 10:59:07 AM FILED/CERT

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:

**Assurance America - 206308  
P.O. Box 725009  
Atlanta, GA**

**Shelby Baptist Medical Center**

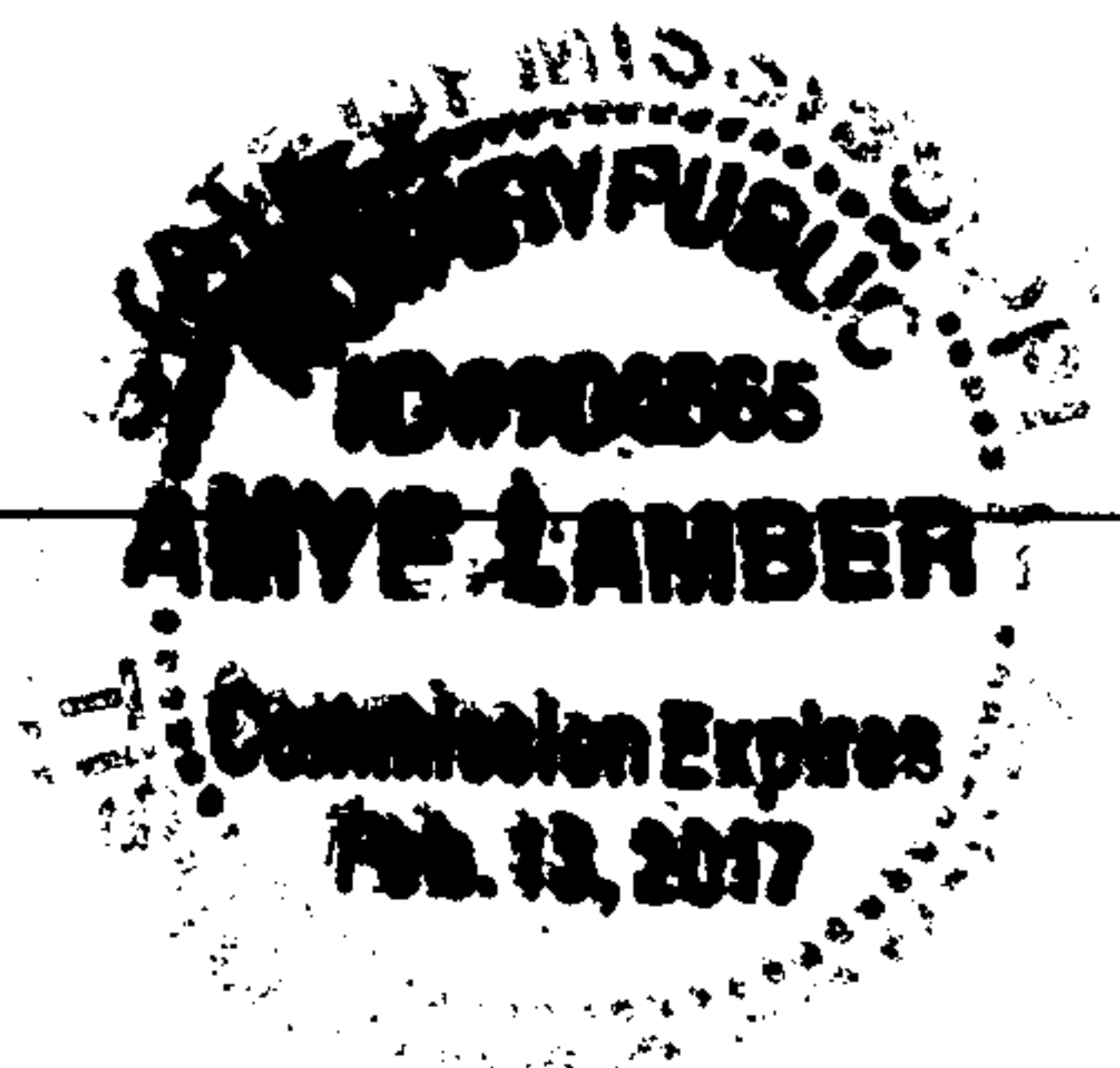
BY: \_\_\_\_\_

**Agent**

STATE OF MISSISSIPPI  
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Thursday, January 14, 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**

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