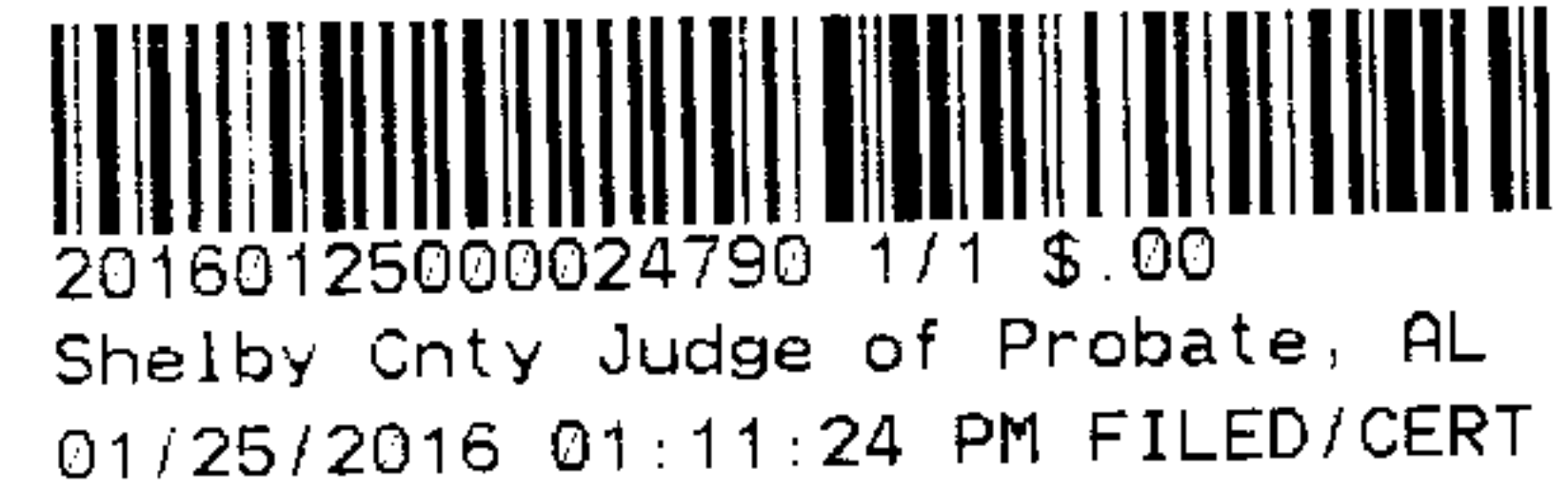


TO: Shelby County Probate Office
P.O. Box 825
Columbiana, AL 35051



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:	Ann Pauldin
Address:	866 Lincoln Street Southwest Birmingham, AL 35211
Admit Date:	December 26, 2015
Discharge Date:	December 26, 2015
Amount Due:	\$7,376.00

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 Insurance Company - 017S49226
P.O. Box 52299
Phoenix, AZ

Shelby Baptist Medical Center

BY:

Kinderzeit

Agent

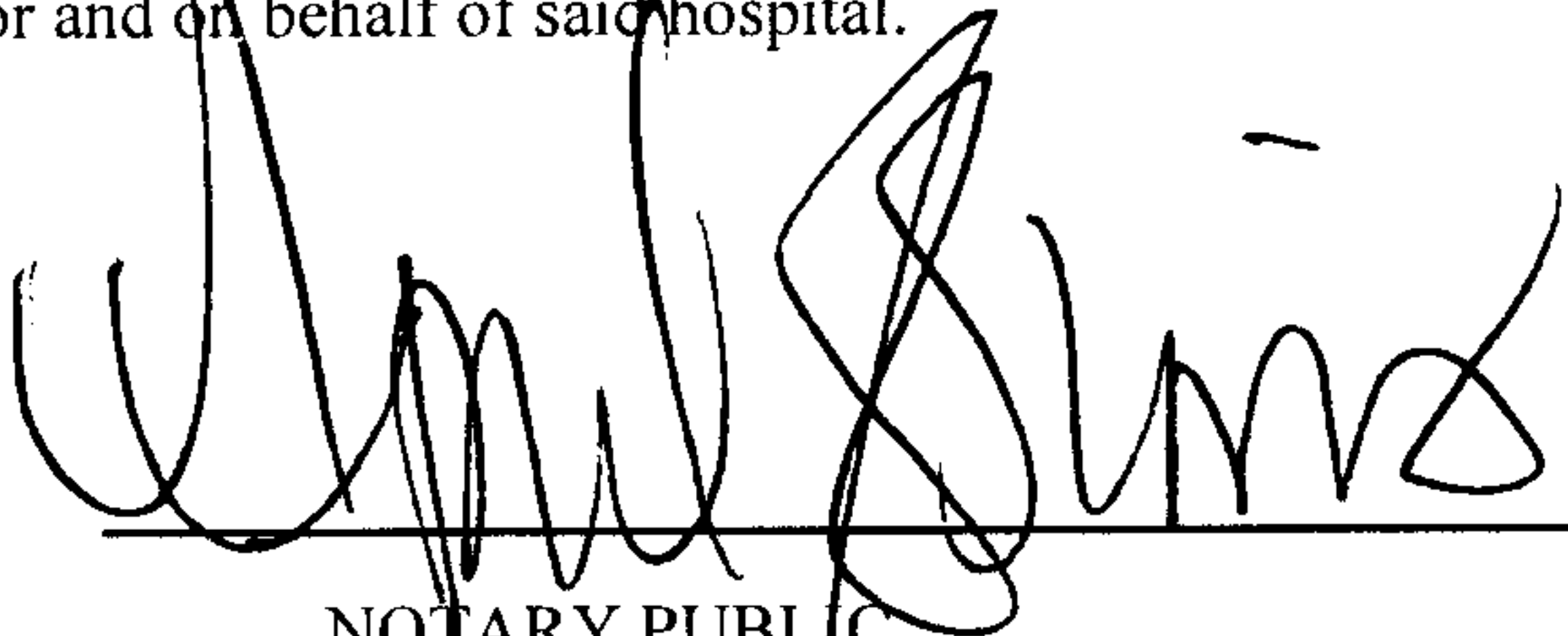
STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Wednesday, January 20, 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:

APR 15 2010
PRIL S. SIMS
Member in Charge
March 25, 2010

this Wednesday, January 20, 2016, by Kimberlee M. Fair
 or and on behalf of said hospital.



 NOTARY PUBLIC