


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


20160212000045650 1/1 \$.00
Shelby Cnty Judge of Probate, AL
02/12/2016 10:51:02 AM FILED/CERT

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:

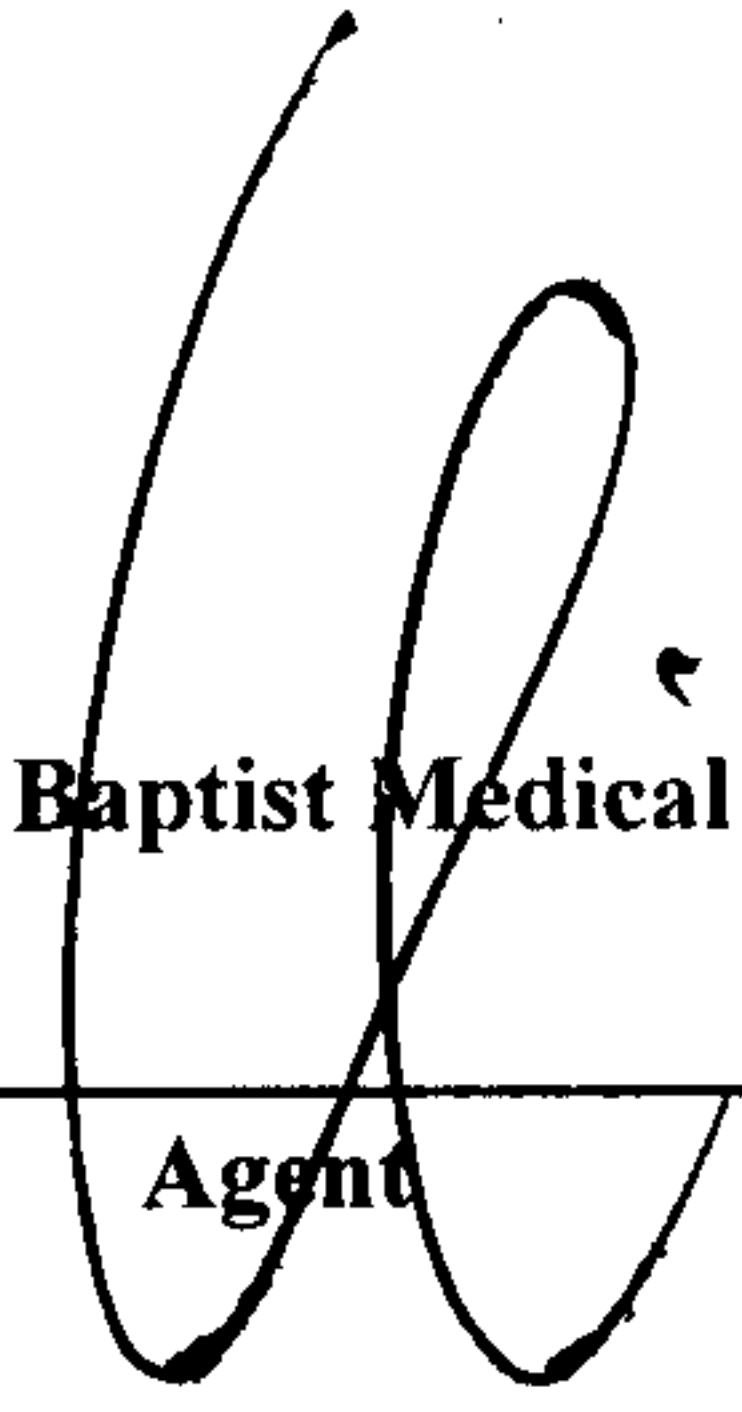
Patient's Name: **Donna Barnett**
Address: **144 Stonehaven Drive**
Pelham, AL 35124-3909

Admit Date: **October 22, 2015**
Discharge Date: **October 22, 2015**
Amount Due: **\$3,684.00**

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:

Nationwide Insurance - 282437-GC
P.O. Box 147081
Gainesville, FL

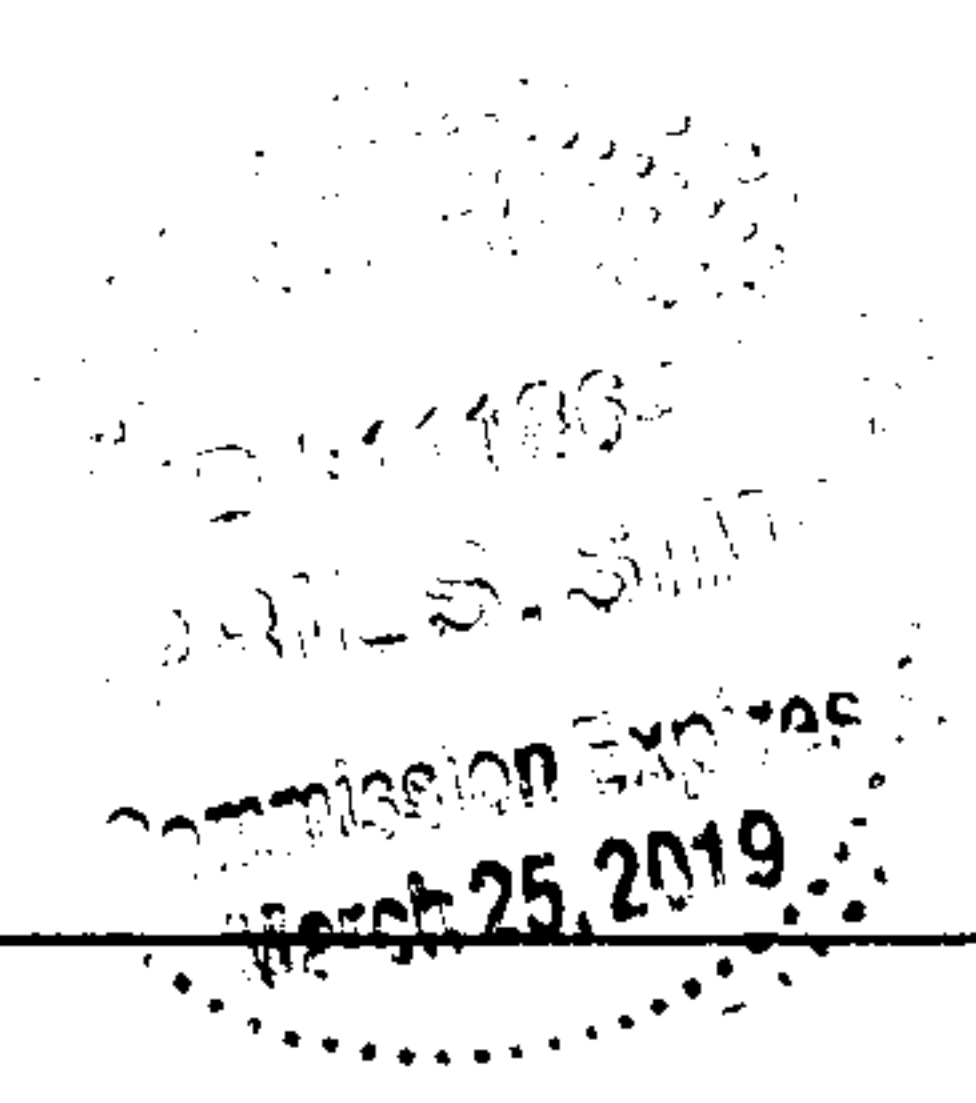
Shelby Baptist Medical Center

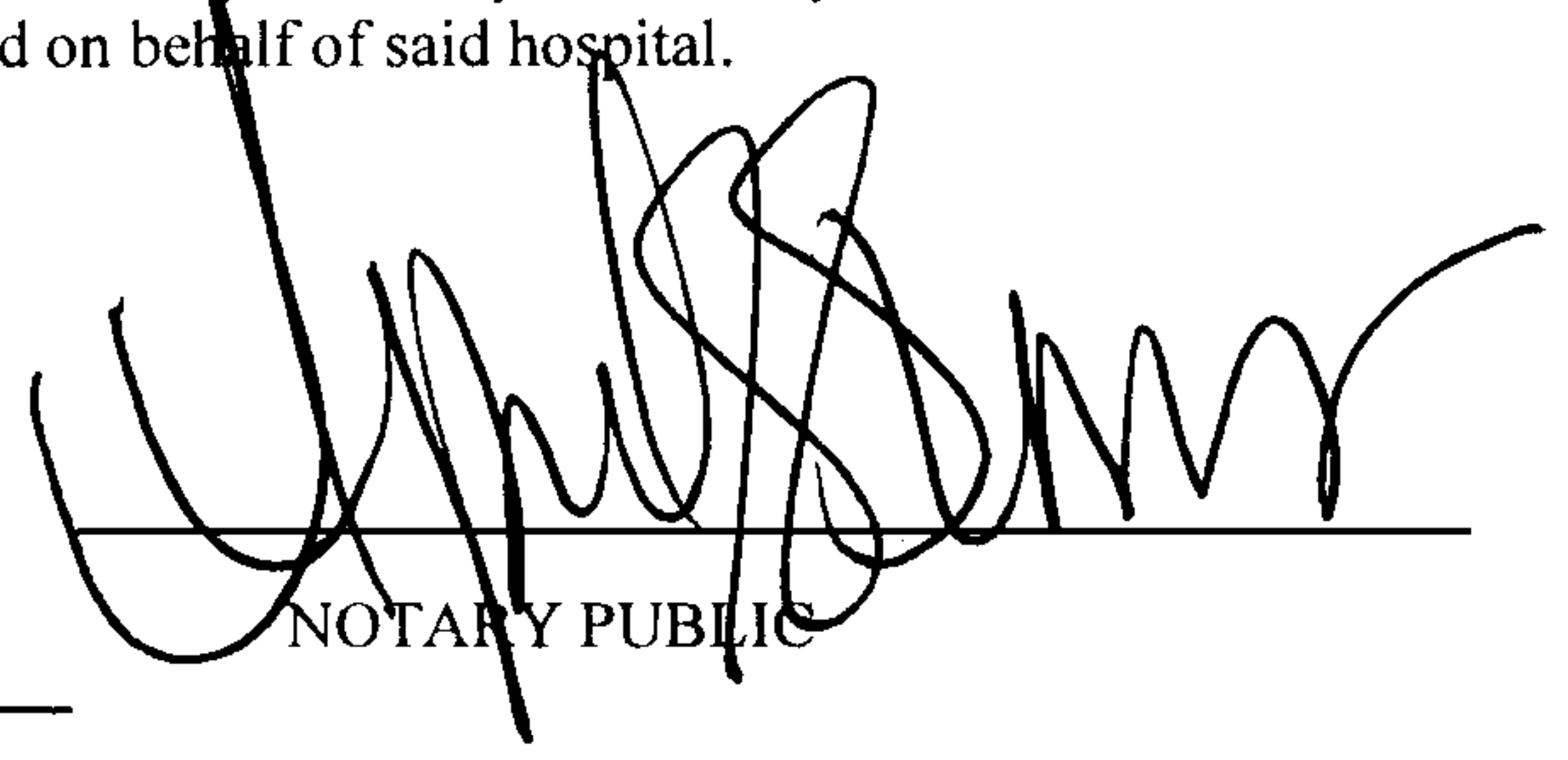
BY: 
Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Friday, February 5, 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