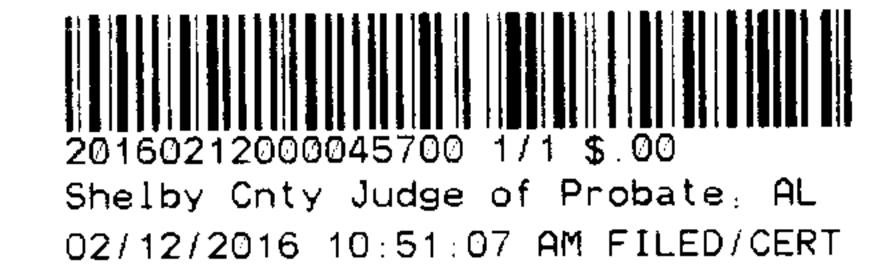
TO: Shelby County Probate Office

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:

Daniel Luck

Address:

133 West Stonehaven Circle

Pelham, AL 35124

Admit Date:

January 11, 2016

Discharge Date:

January 11, 2016

Amount Due:

\$9,723.11

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 - 01795X131 P.O. Box 106145 Atlanta, GA

Shelby Baptist Medical Center

BY:

STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Tuesday, February 9, 2016, by Kimberlee M. Fair the duly authorized agent of the above named health care provider for and on behalf of said hospital.

NOTARY PUBLIC

MY COMMISSION EXPIRES: