


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


20160222000053350 1/1 \$.00
Shelby Cnty Judge of Probate, AL
02/22/2016 11:25:54 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: **Robin Walker**
Address: **4574 Highway 18**
Montevallo, AL 35115
Admit Date: **January 30, 2016**
Discharge Date: **January 30, 2016**
Amount Due: **\$1,750.00**

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:

Access - AAI0023214
PO Box 105143
Atlanta, GA

Shelby Baptist Medical Center

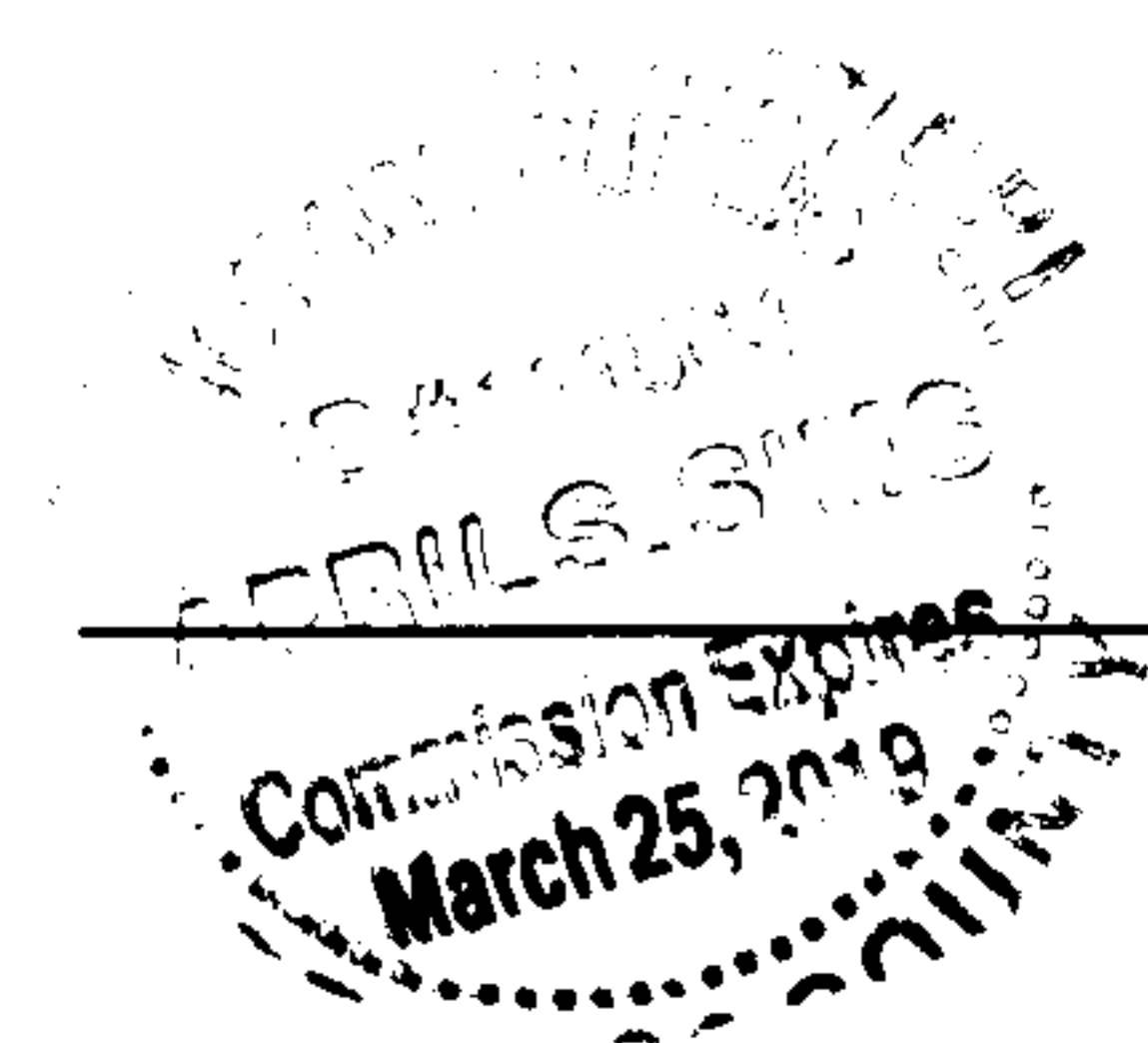
BY: _____

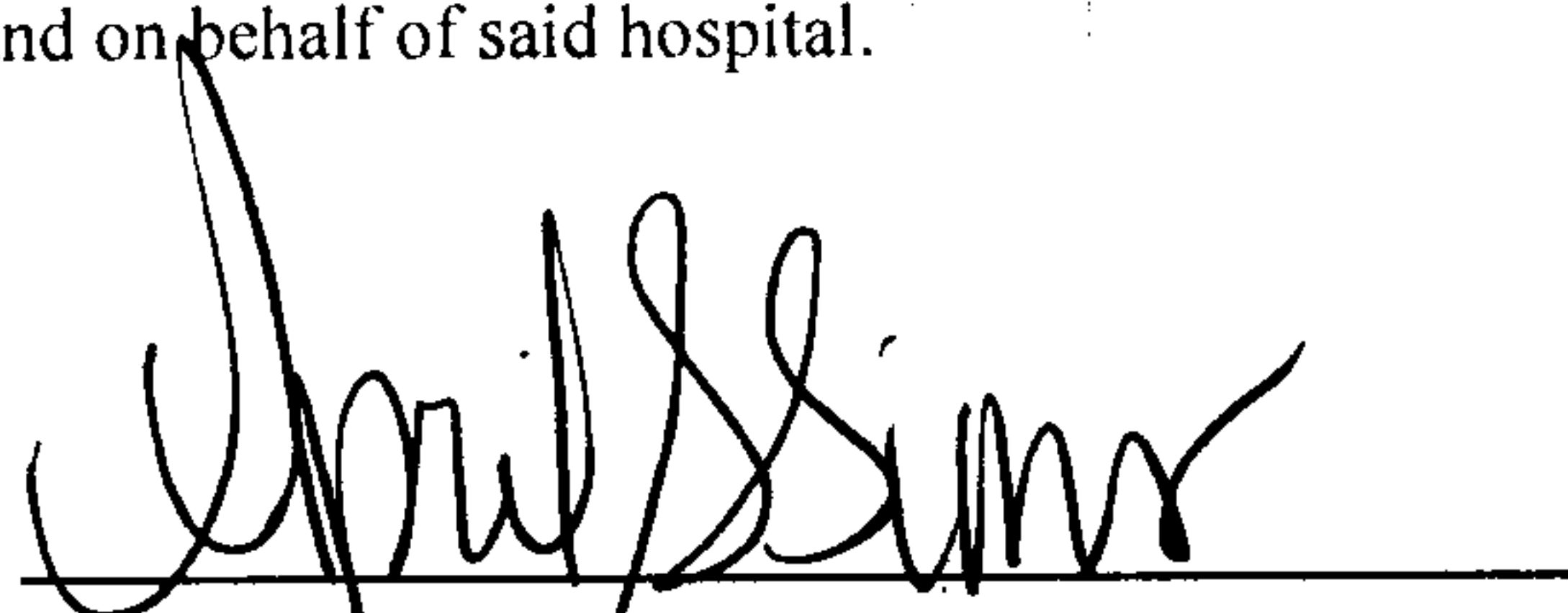
Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Tuesday, February 16, 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