

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

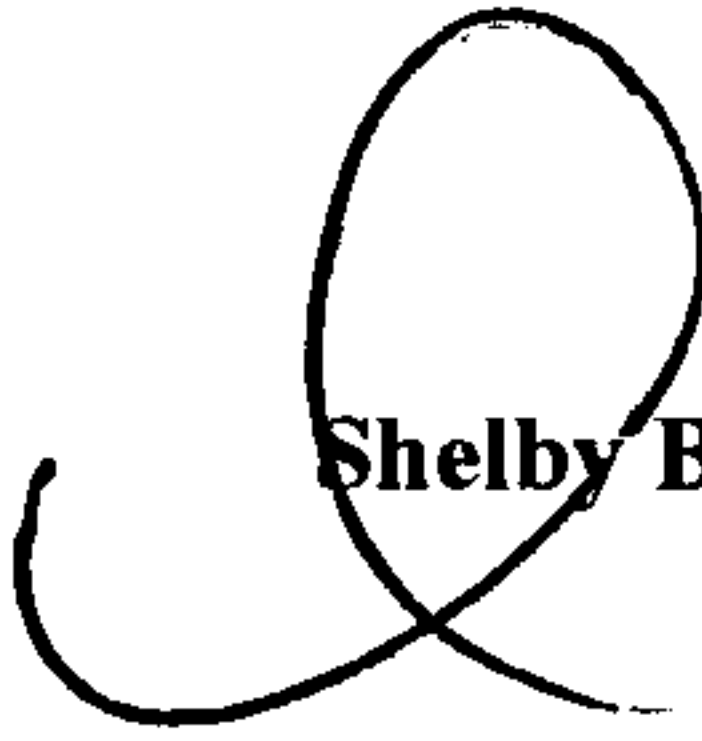
NOTICE OF HOSPITAL LIEN

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: **Ashley Frye**
Address: **1427 18th Street South**
Birmingham, AL 35205
Admit Date: **April 19, 2016**
Discharge Date: **April 19, 2016**
Amount Due: **\$106.00**

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:

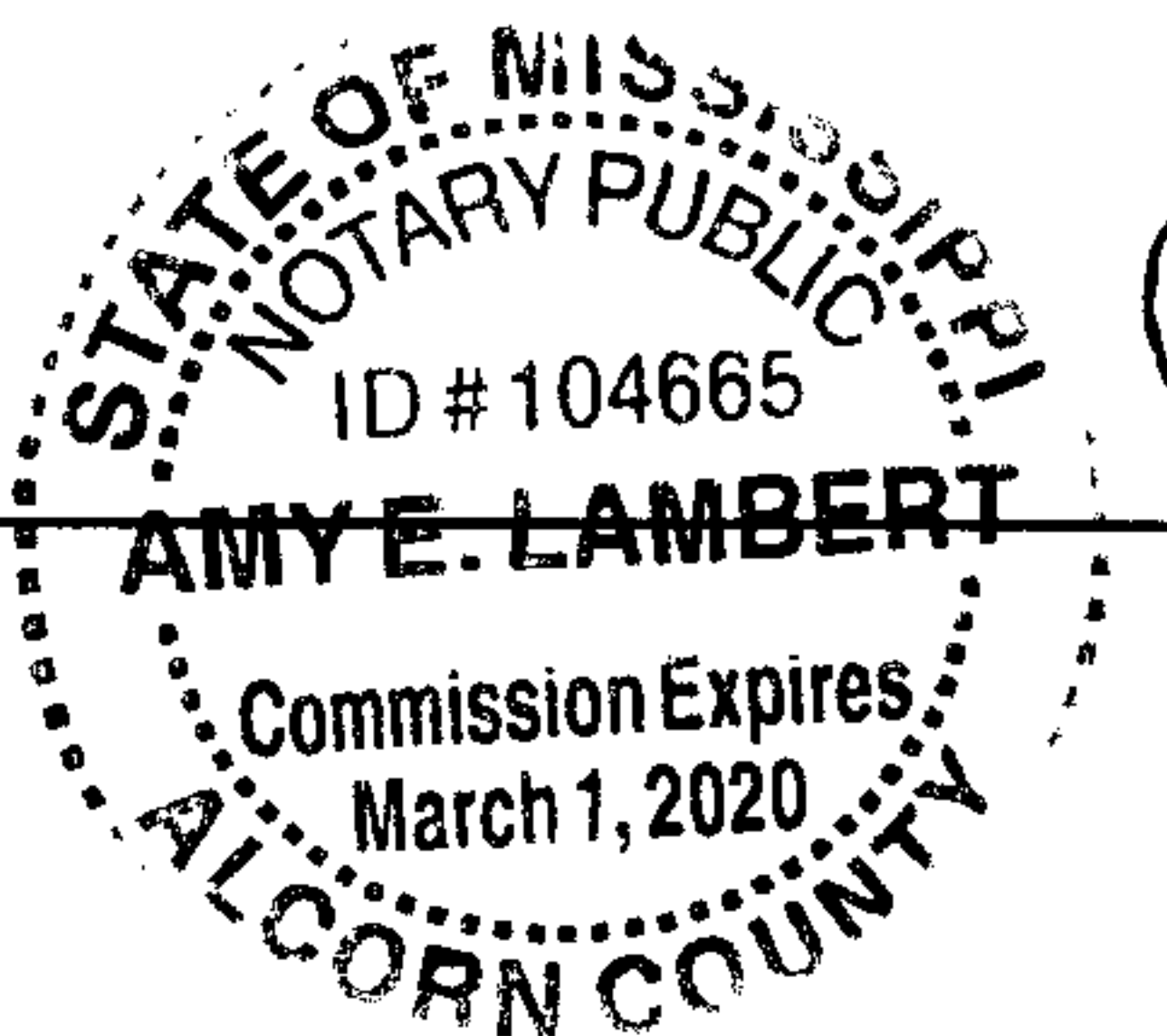
ALFA - X0400006242
2692 E. Pelham Pkwy.
Pelham, AL

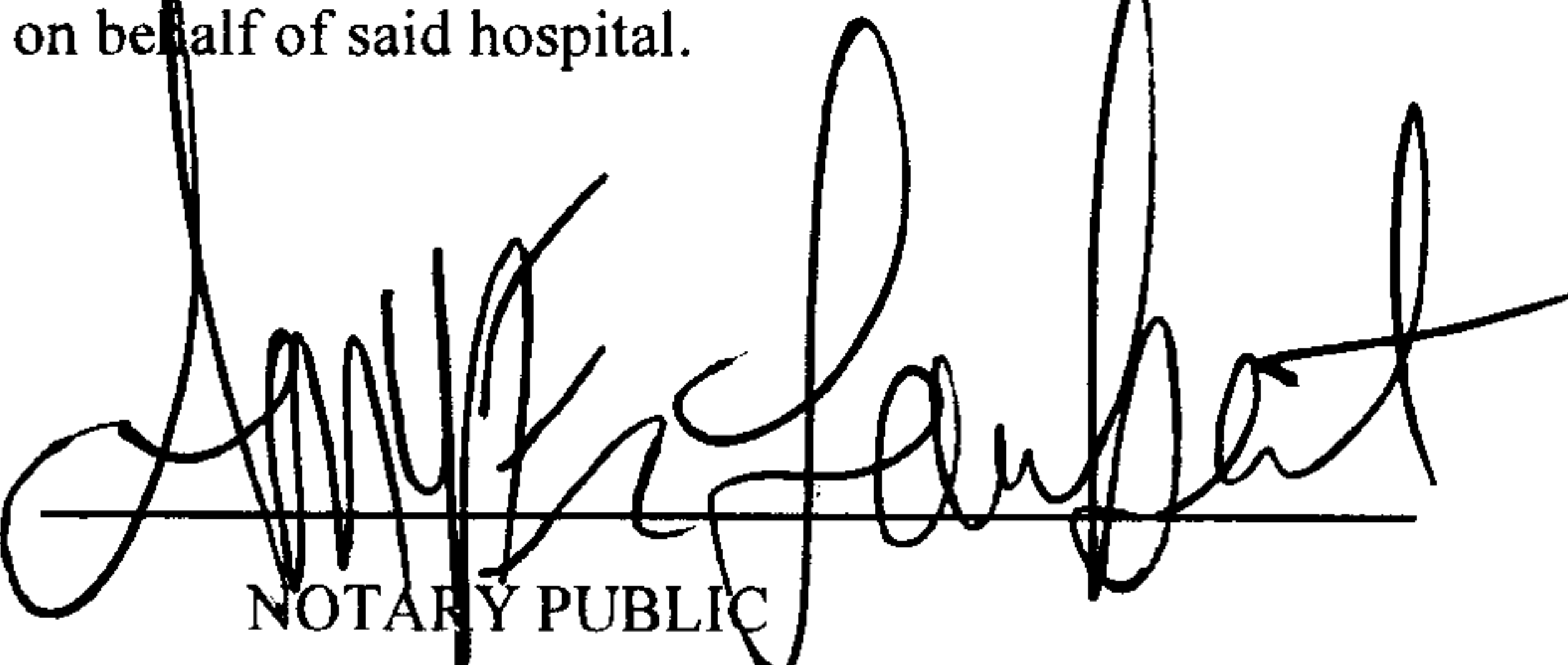

Shelby Baptist Medical Center
BY: _____
Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Thursday, May 12, 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



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Shelby Cnty Judge of Probate, AL
05/16/2016 11:57:11 AM FILED/CERT