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: Yvonne Rainey

905 Center Place SW Address:

Birmingham, AL 35211

**April 16, 2016** Admit Date: **April 16, 2016** Discharge Date:

Amount Due: \$5,493.38

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:

\* Under Alabama code Section 35-11-371 (1975), the filing of this lien constitutes notice to any persons liable for such damages whether or not are named herein

BY: STATE OF MISSISSIPPI COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this the duly authorized agent of the above

2016, by

named health care provider for and on behalf of raid hospital

ID#104665

AMY E. LAMBERT

MY COMMISSION EXPIRES: .Commission Expires March 1, 2020

MOTARY PUBLIC

Kimberlee M. Fair P.O Box 1465 Corinth, MS 38834

> 20160516000166020 1/1 \$.00 Shelby Cnty Judge of Probate, AL 05/16/2016 11:57:16 AM FILED/CERT