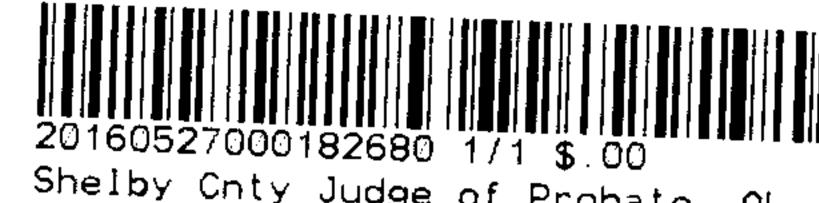
TO:

Shelby County Probate Office

P.O. Box 825

Columbiana, AL 35051



Shelby Cnty Judge of Probate, AL 05/27/2016 01:10:35 PM 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:

William Phares

Address:

317 Riverchase Trail

Hoover, AL 35244

Admit Date:

**April 7, 2016** 

Discharge Date:

**April 7, 2016** 

Amount Due:

\$2,193.20

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 Insurance Co. - X0400006261 2692 Pelham Parkway, Suite E Pelham, AL

> > BY:

STATE OF MISSISSIPPI COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Tuesday, May 24, 2016, by Kimberlee M. Fair the

ID#104665

duly authorized agent of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES:

NOTARYPUBLIC

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

Shelby Baptist Medical Center

Agent