


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


20160801000269180 1/1 \$.00
Shelby Cnty Judge of Probate, AL
08/01/2016 10:44:46 AM FILED/CERT

NOTICE OF HOSPITAL LIEN

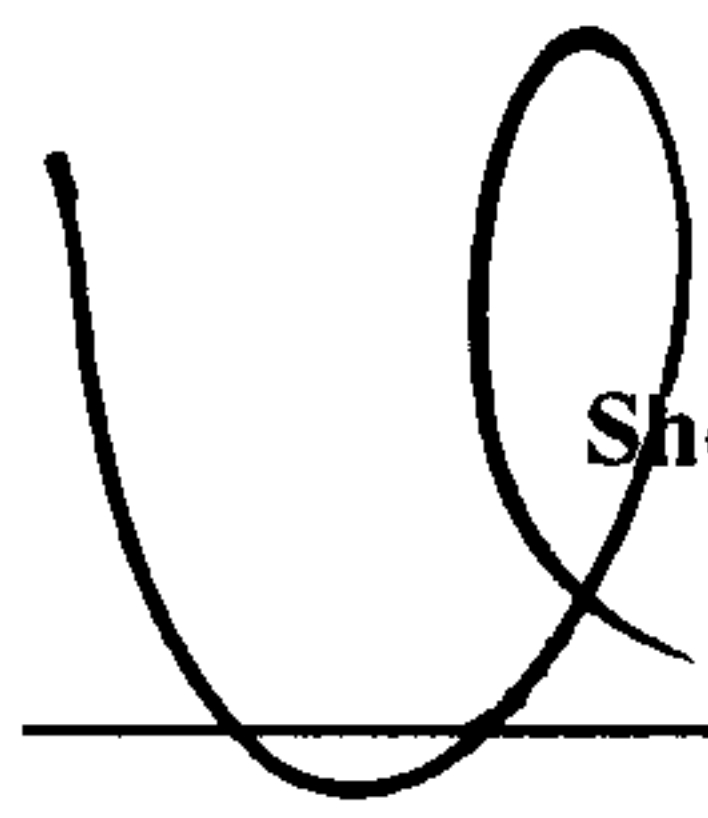
Under the provisions of Alabama Code 1975, § 35-11-370 et seq., notice is hereby given that Baptist Health System, Inc., whose address is 1000 1st Street North Alabaster, AL 35007, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name: **John Miller**
Address: **402 County Road 39**
Clanton, AL 35046

Admit Date: **July 2, 2016**
Discharge Date: **July 2, 2016**
Amount Due: **\$8,367.90**

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:

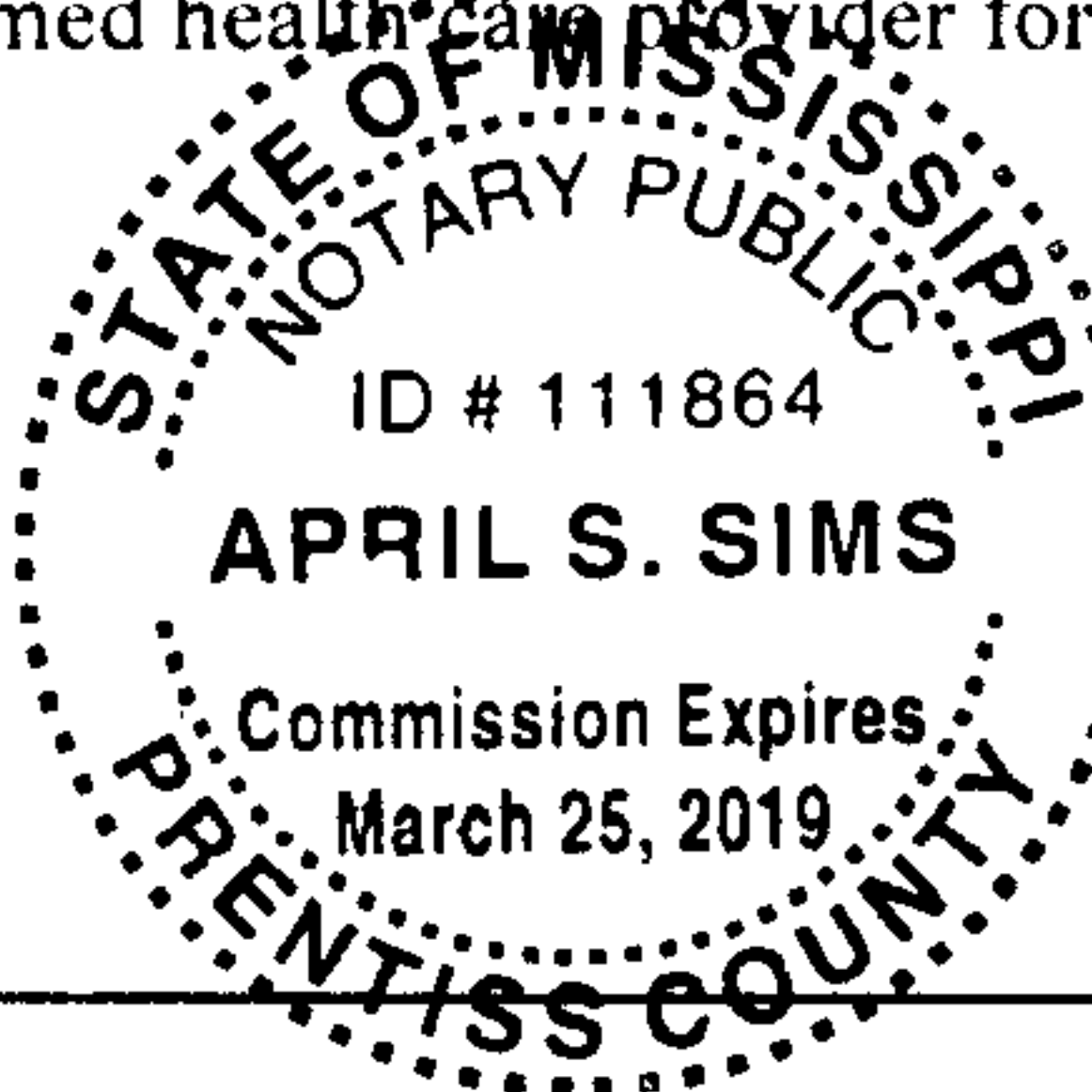
Country Financial Insurance Company - 205-0090281
P.O. Box 14151
Salem, OR


Shelby Baptist Medical Center

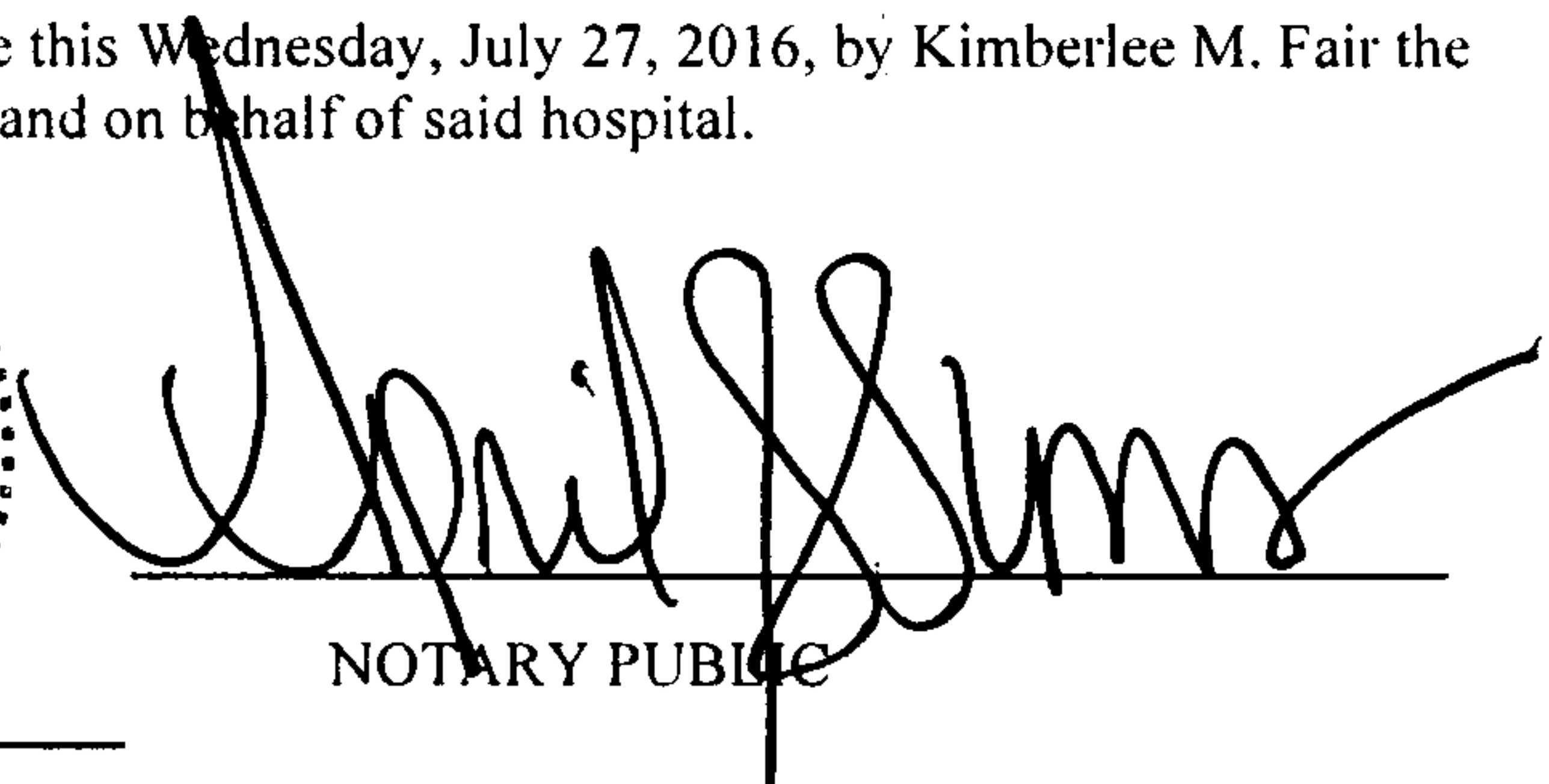
BY: _____
Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Wednesday, July 27, 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