


**PREPARED BY:**  
THE FINLEY FIRM, P.C.  
P.O. BOX 1437  
COLUMBUS, GA 31902-2726  
(706) 660-5507

  
20160817000293560 1/1 \$15.00  
Shelby Cnty Judge of Probate, AL  
08/17/2016 08:20:43 AM FILED/CERT

**HOSPITAL LIEN**

**STATE OF ALABAMA: COUNTY OF SHELBY:**

TO THE PROBATE COURT AND CLERK OF PROBATE COURT OF SAID COUNTY:  
Notice is hereby given to all persons, firms and corporations, including

REF #: PBH171073  
CHRISTOPHER PILAND  
50 PICKETT ST  
MONTGOMERY, AL 36110

CANAL INSURANCE COMPANY  
ATTENTION: LETICIA MCINTYRE  
PO BOX 7  
GREENVILLE, SC 29602  
CLAIM NUMBER: L501433

JOHNATHON CLECKLER  
353 COUNTY ROAD 452  
CLANTON, AL 35046

that Prattville Baptist Hospital, 124 SOUTH MEMORIAL DR., MONTGOMERY, AL 36067, operated by The Health Care Authority for Baptist Health, An Affiliate of UAB Health System, P.O. Box 241145, Montgomery, AL 36124, has treated as a patient CHRISTOPHER PILAND who resides at 50 PICKETT ST, MONTGOMERY, AL 36110 and who was admitted for treatment at Prattville Baptist Hospital, 124 SOUTH MEMORIAL DR., MONTGOMERY, AL 36067 on 07/27/2016 and discharged on 07/27/2016 and said patient incurred charges in the amount of \$2,003.00 for hospital care and treatment. Prattville Baptist Hospital hereby creates a lien up to the maximum allowable amount of any obtained or recovered damages which the patient or his/her legal representative may receive or be entitled to receive, whether by judgment, settlement, or compromise, from any and all causes of action, suits, claims, counterclaims or demands accruing to the patient, all in accord with the provisions of Code of ALA. § 35-11-370 et. seq. The above named persons, firms or corporations, if any, are claimed by the patient or his legal representative to be liable for said injuries and such persons, firms or corporations are so listed to the best of claimant's knowledge. This lien is for the amount being claimed is fair and reasonable for the services rendered.

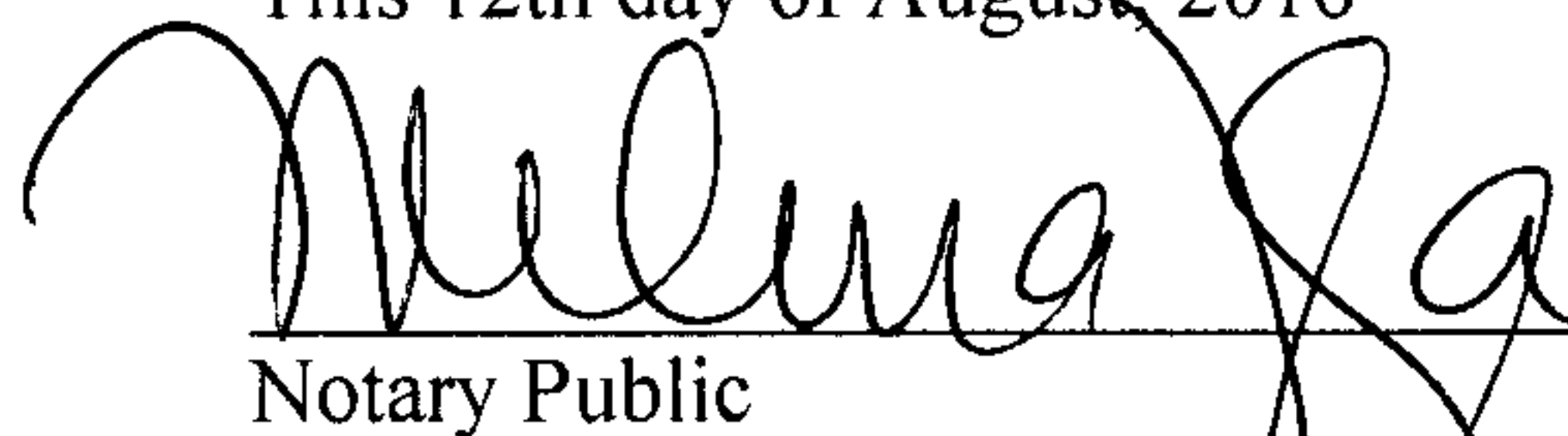
**STATE OF GEORGIA: COUNTY OF MUSCOGEE:**

Personally appeared before the undersigned attesting officer, duly authorized by law to administer oaths, the undersigned, who on oath, deposes and says that he is authorized to make this affidavit on behalf of Prattville Baptist Hospital and the statements contained in the above and foregoing lien are true to the best of his knowledge and belief.

Prattville Baptist Hospital

By:   
Travis Hargrove, Attorney at Law

Sworn to and subscribed before me  
This 12th day of August, 2016

  
Notary Public

