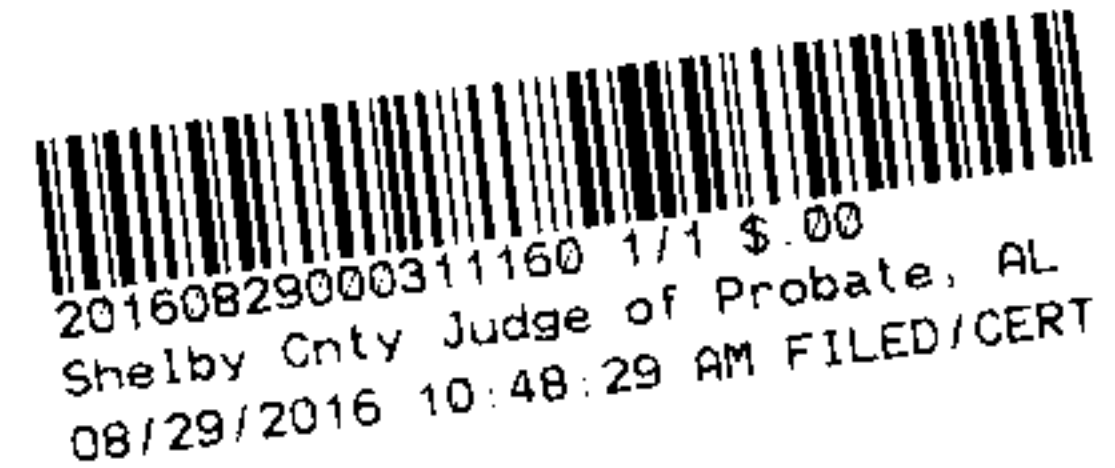


TO: Shelby County Probate Office
P.O. Box 825
Columbiana, AL 35051

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:	Lori Ingle
Address:	1017 Conner Circle Alabaster, AL 35007
Admit Date:	August 11, 2016
Discharge Date:	August 11, 2016
Amount Due:	\$3,069.61



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:

USAA - 013176870-011
Auto Injury Solutions P.O. Box 5000
Daphne, AL


BY: _____
Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Wednesday, August 24, 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