


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

NOTICE OF HOSPITAL LIEN

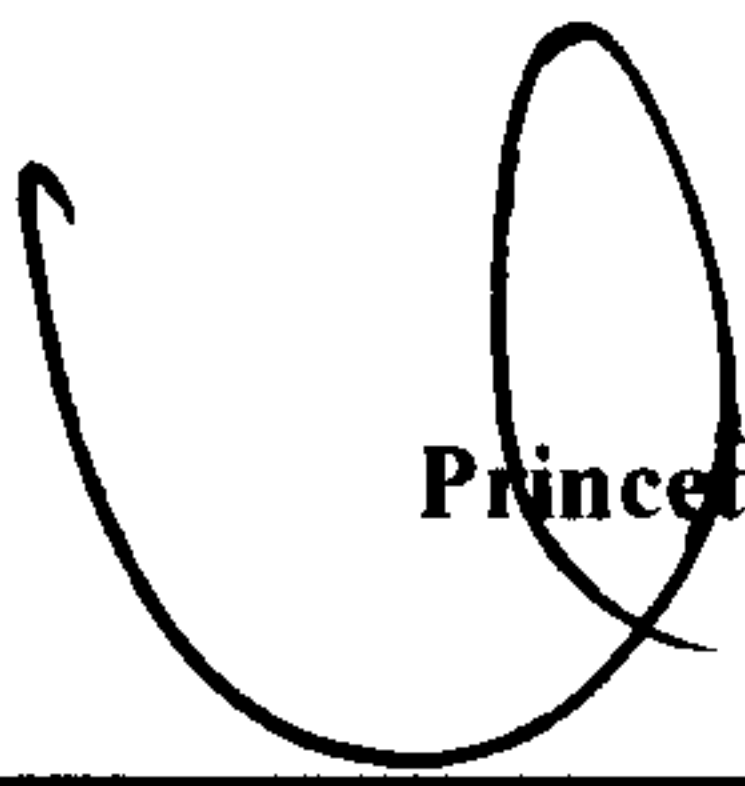
Under the provisions of Alabama Code 1975, § 35-11-370 et seq., notice is hereby given that Baptist Health System, Inc., whose address is 701 Princeton Avenue, SW Birmingham, AL 35211, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name: **Lisa Brantley**
Address: **4404 9th Avenue Wylam
Birmingham, AL 35224**
Admit Date: **July 17, 2016**
Discharge Date: **July 17, 2016**
Amount Due: **\$7,007.84**


20160915000337850 1/1 \$.00
Shelby Cnty Judge of Probate, AL
09/15/2016 03:52:39 PM FILED/CERT

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:

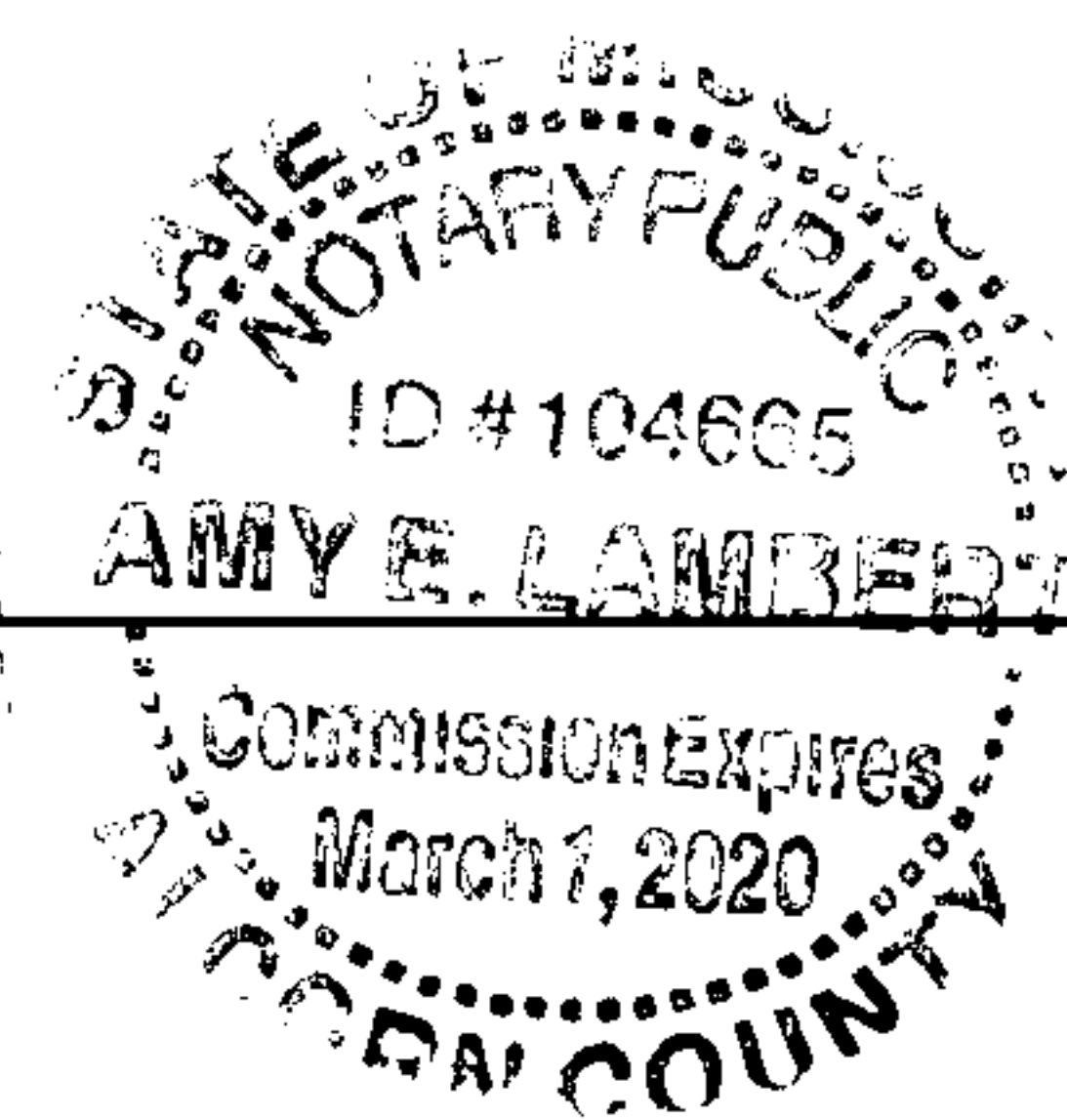
**Alfa Insurance - A0900004769
100 Oxmoor Blvd Suite 100
Homewood, AL**

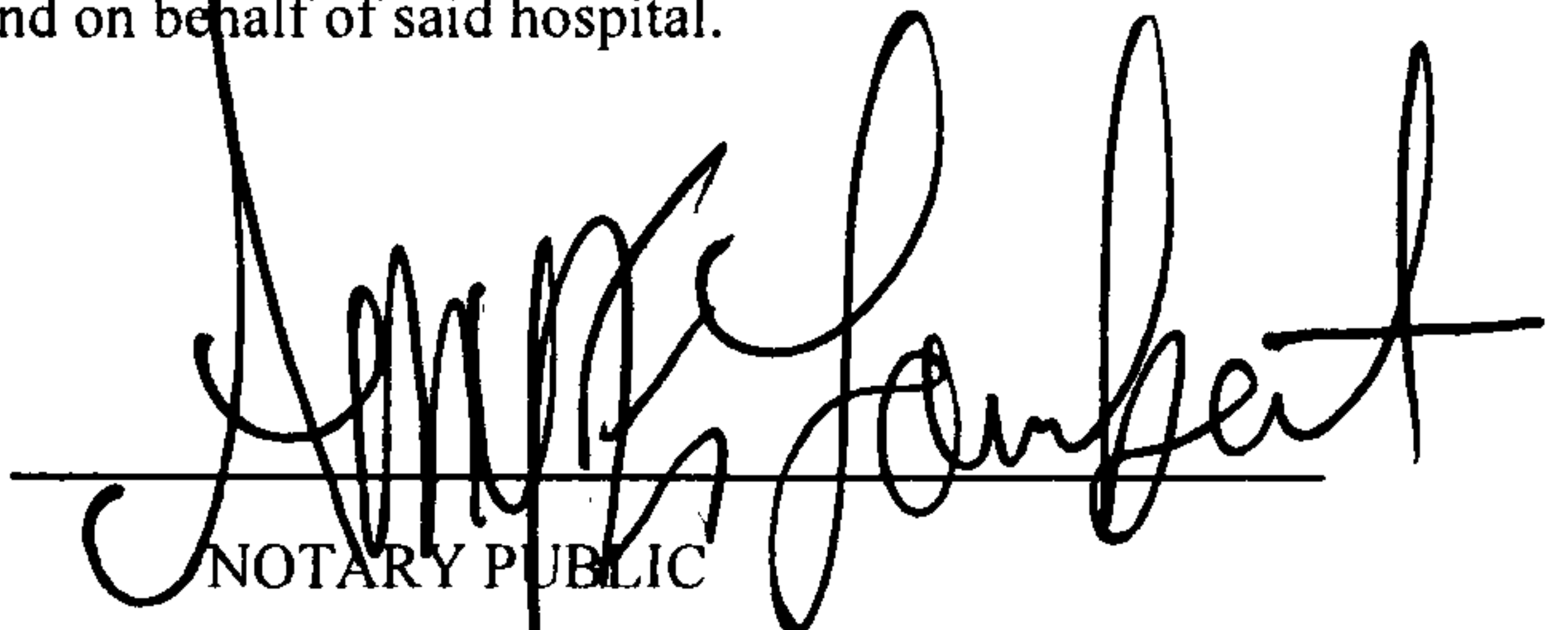

Princeton Baptist Medical Center
BY: _____
Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Monday, September 12, 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

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