


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

  
20160919000341400 1/1 \$.00  
Shelby Cnty Judge of Probate, AL  
09/19/2016 12:46:46 PM FILED/CERT

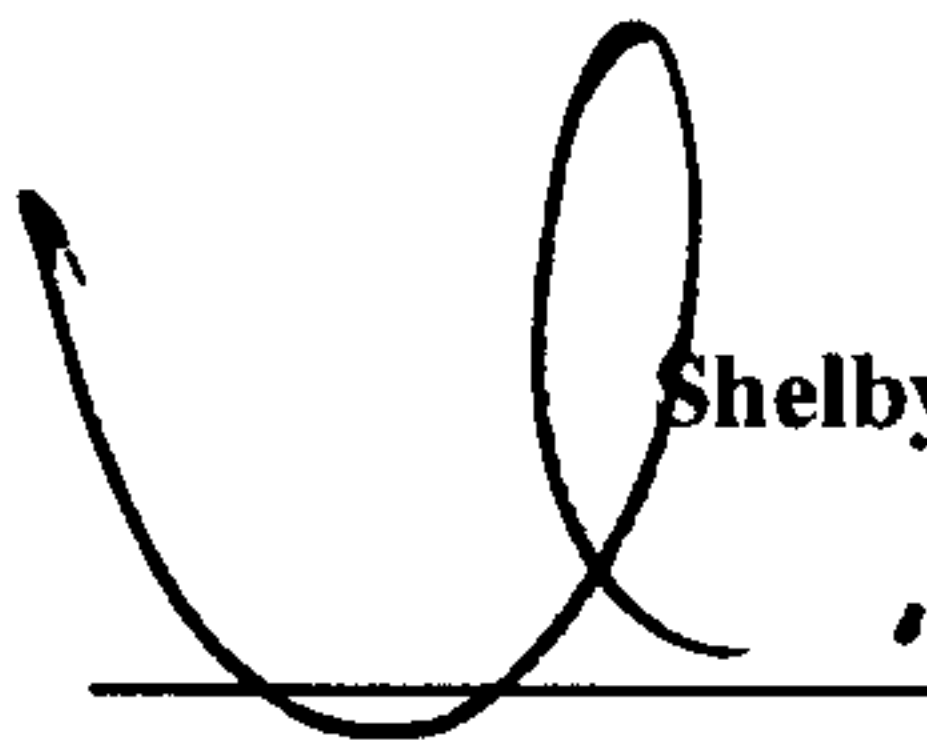
**NOTICE OF HOSPITAL LIEN**

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: **Faye Walker**  
Address: **4574 Highway 18 Box 7**  
**Montevallo, AL 35115**  
Admit Date: **August 22, 2016**  
Discharge Date: **August 22, 2016**  
Amount Due: **\$5,742.00**

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:

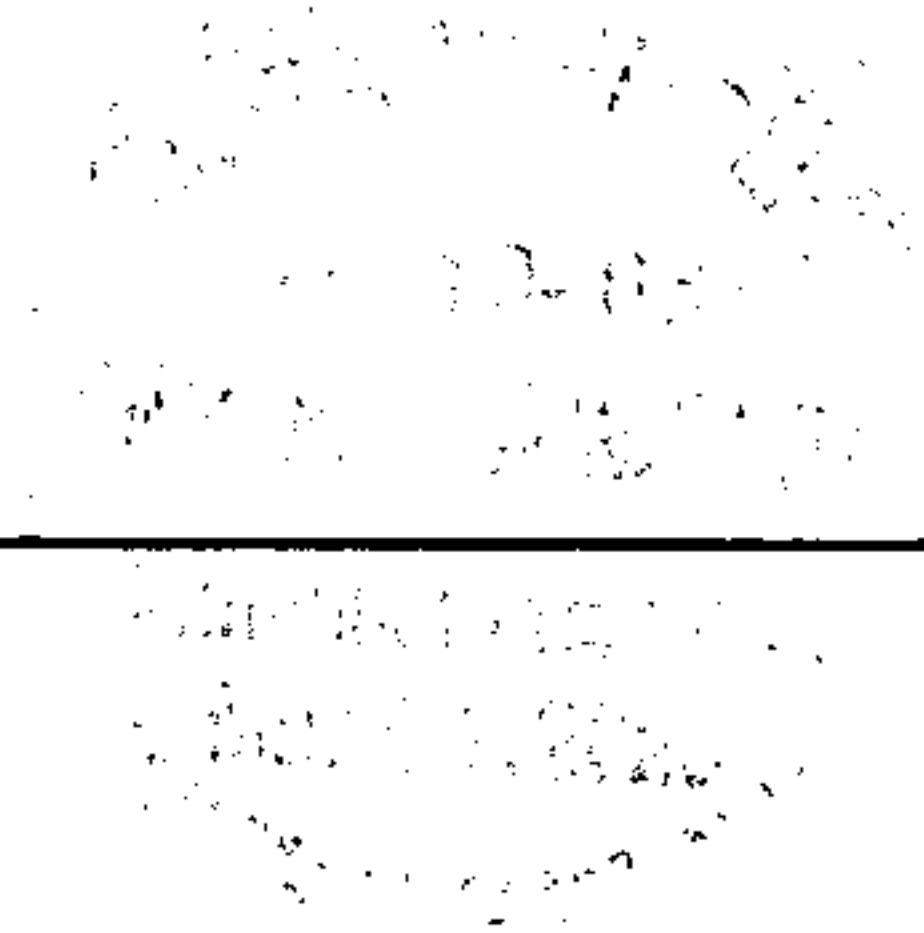
**Allstate Insurance - 0426094629**  
**Mail Processing Center P O Box 385004**  
**Birmingham, AL**

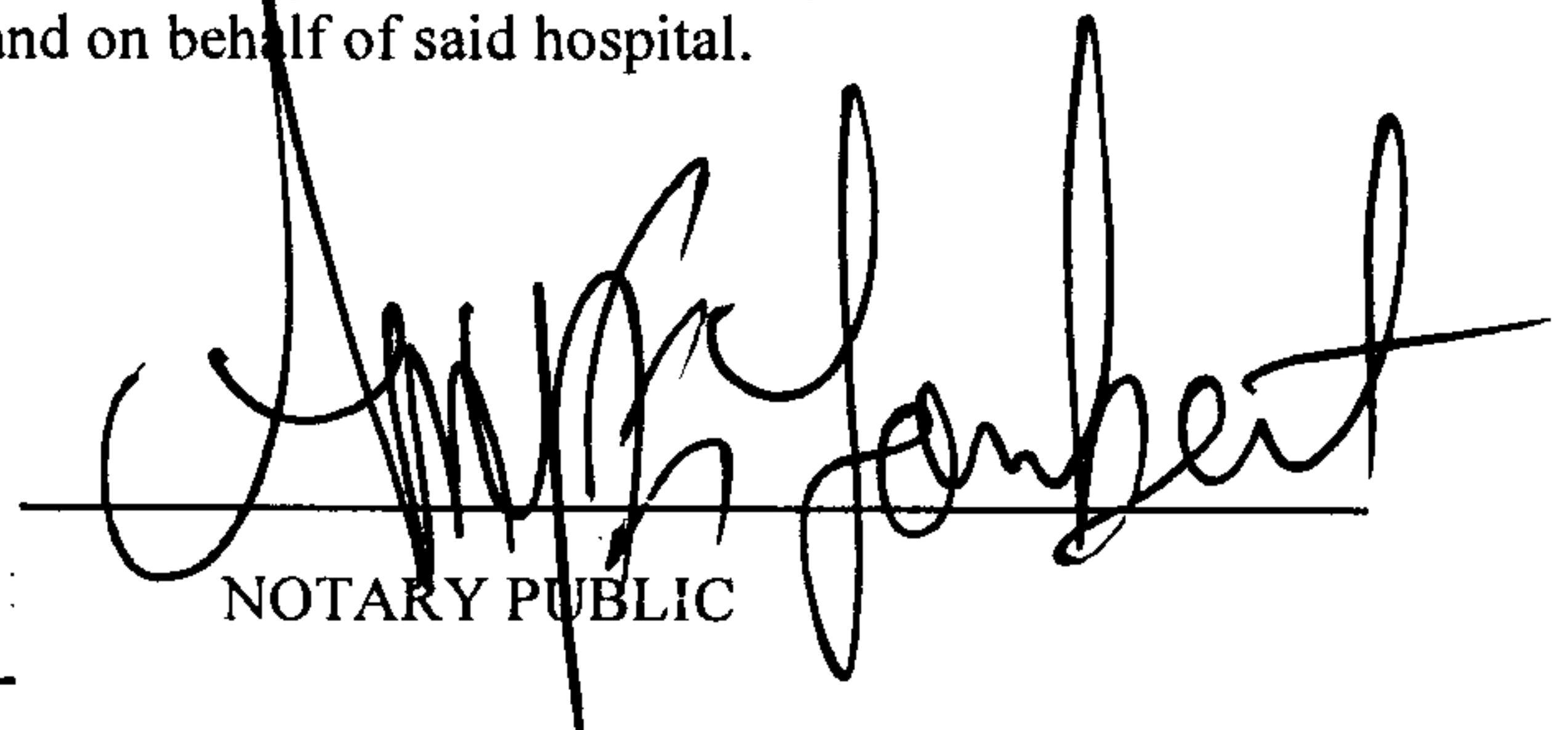
BY:  **Shelby Baptist Medical Center**  
\_\_\_\_\_  
Agent

STATE OF MISSISSIPPI  
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Friday, September 16, 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