


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

NOTICE OF HOSPITAL LIEN

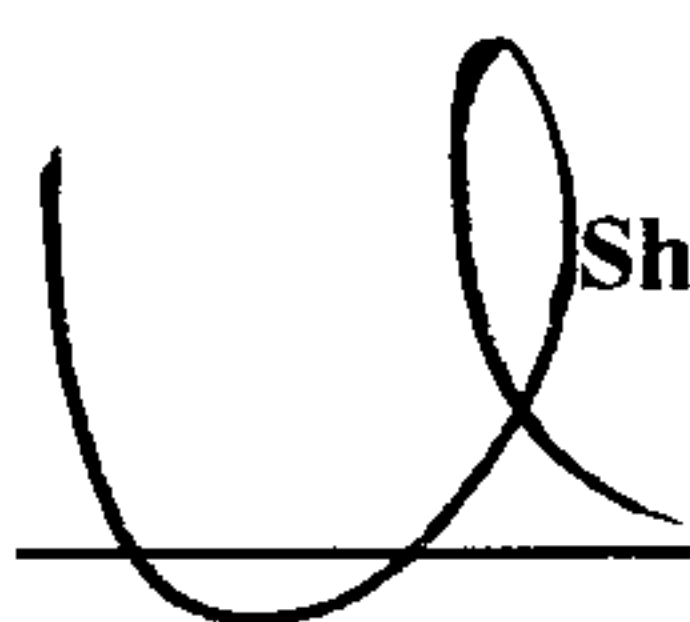
Under the provisions of Alabama Code 1975, § 35-11-370 et seq., notice is hereby given that Baptist Health System, Inc., whose address is 1000 1st Street North Alabaster, AL 35007, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received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

Patient's Name: **Dorothy Finley**
Address: **280 Arabian Road**
Columbiana, AL 35051
Admit Date: **October 18, 2016**
Discharge Date: **October 18, 2016**
Amount Due: **\$2,237.00**


20161104000408710 1/1 \$.00
Shelby Cnty Judge of Probate, AL
11/04/2016 02:28:37 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:

State Farm Insurance - 01997V929
P.O. Box 106170
Atlanta, GA

BY:  **Shelby Baptist Medical Center**

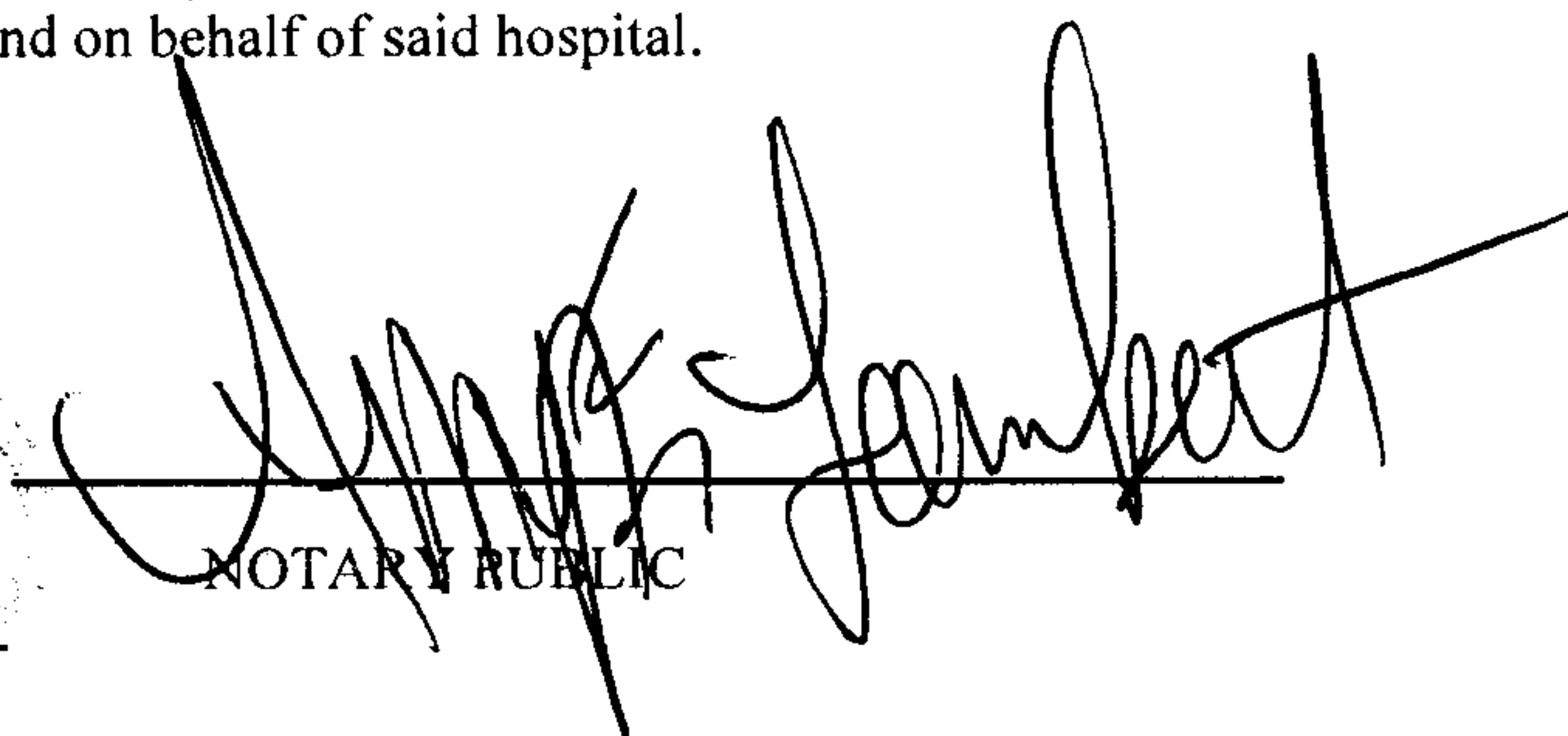
Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Monday, October 31, 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

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