


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


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Shelby Cnty Judge of Probate, AL
11/30/2016 12:31:43 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: **Laura Neaves**
Address: **190 Main Street**
Jemison, AL 35085
Admit Date: **November 14, 2016**
Discharge Date: **November 14, 2016**
Amount Due: **\$14,160.48**

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:

Safeco Insurance - 465084146039
P.O. Box 515097
Los Angeles, CA

State Farm Insurance - 0102019P3
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 Friday, November 25, 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