


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


20161216000460430 1/1 \$.00
Shelby Cnty Judge of Probate, AL
12/16/2016 02 09 45 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: **Jemeala Clay**
Address: **2204 Summit Place**
Birmingham, AL 35243
Admit Date: **September 7, 2016**
Discharge Date: **September 7, 2016**
Amount Due: **\$1,480.00**

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:

Infinity Insurance - 20002796980
P.O. Box 830807
Birmingham, AL

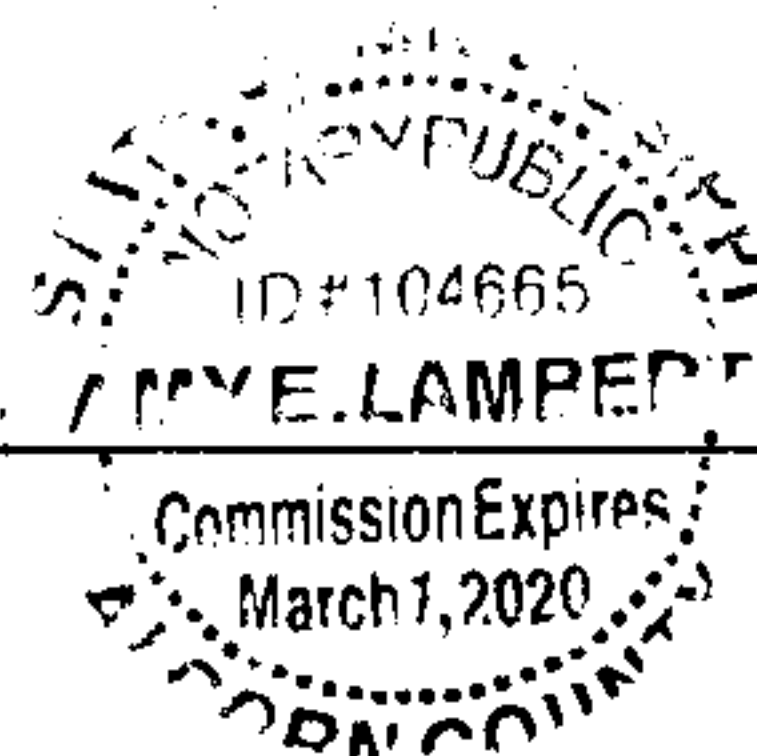
BY:  **Shelby Baptist Medical Center**

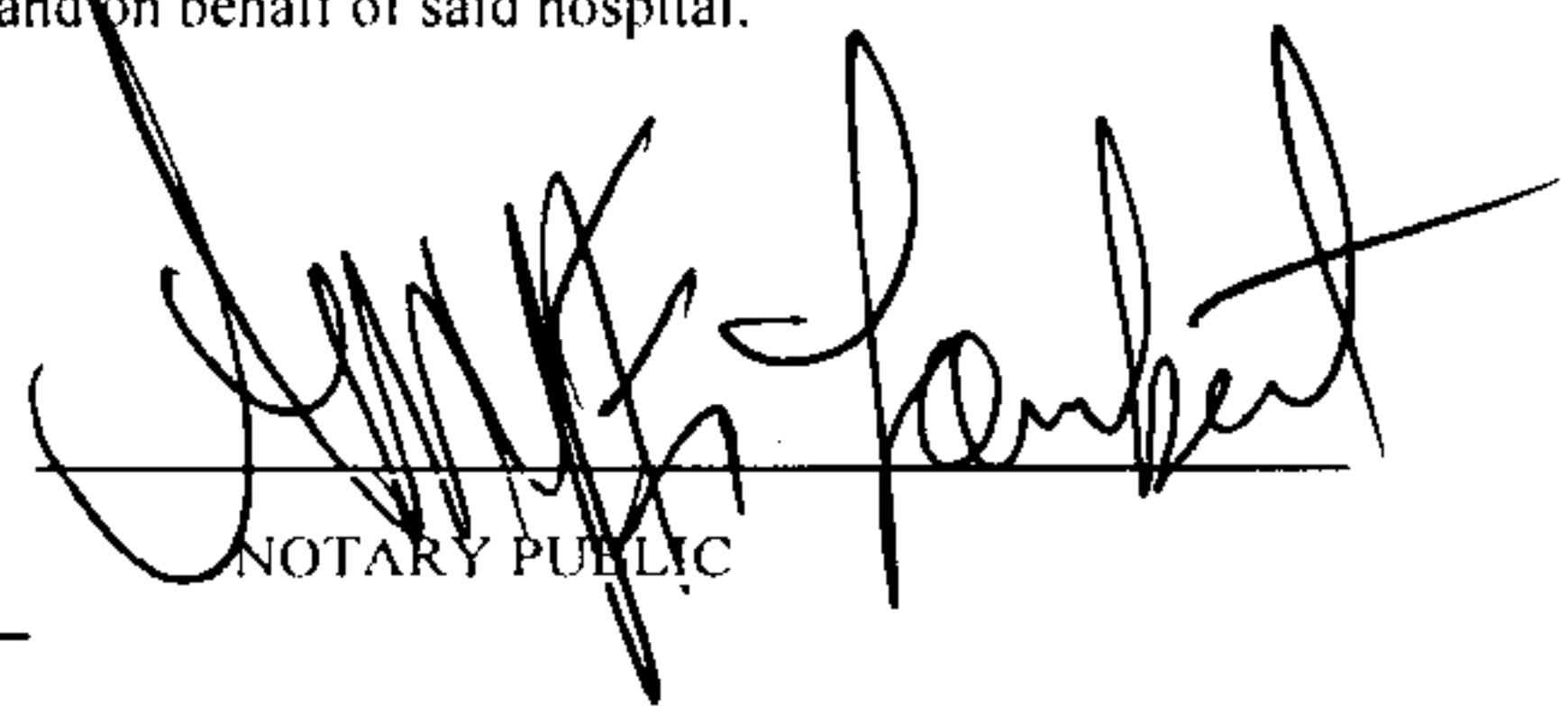
Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Tuesday, December 13, 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