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 Shelby Cnty Judge of Probate, AL
 01/03/2017 10:28:10 AM FILED/CERT

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

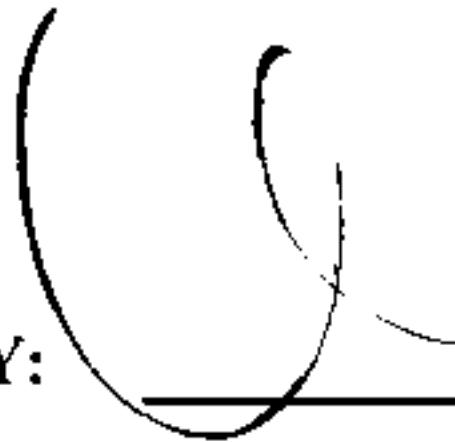
NOTICE OF HOSPITAL LIEN

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: **Jonathan Croy**
 Address: **166 Cove Lane**
Pelham, AL 35124
 Admit Date: **December 15, 2016**
 Discharge Date: **December 15, 2016**
 Amount Due: **\$3,625.00**

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:

Geico Insurance - 0472887730101010
One Geico Center
Macon, GA

BY:  **Shelby Baptist Medical Center**

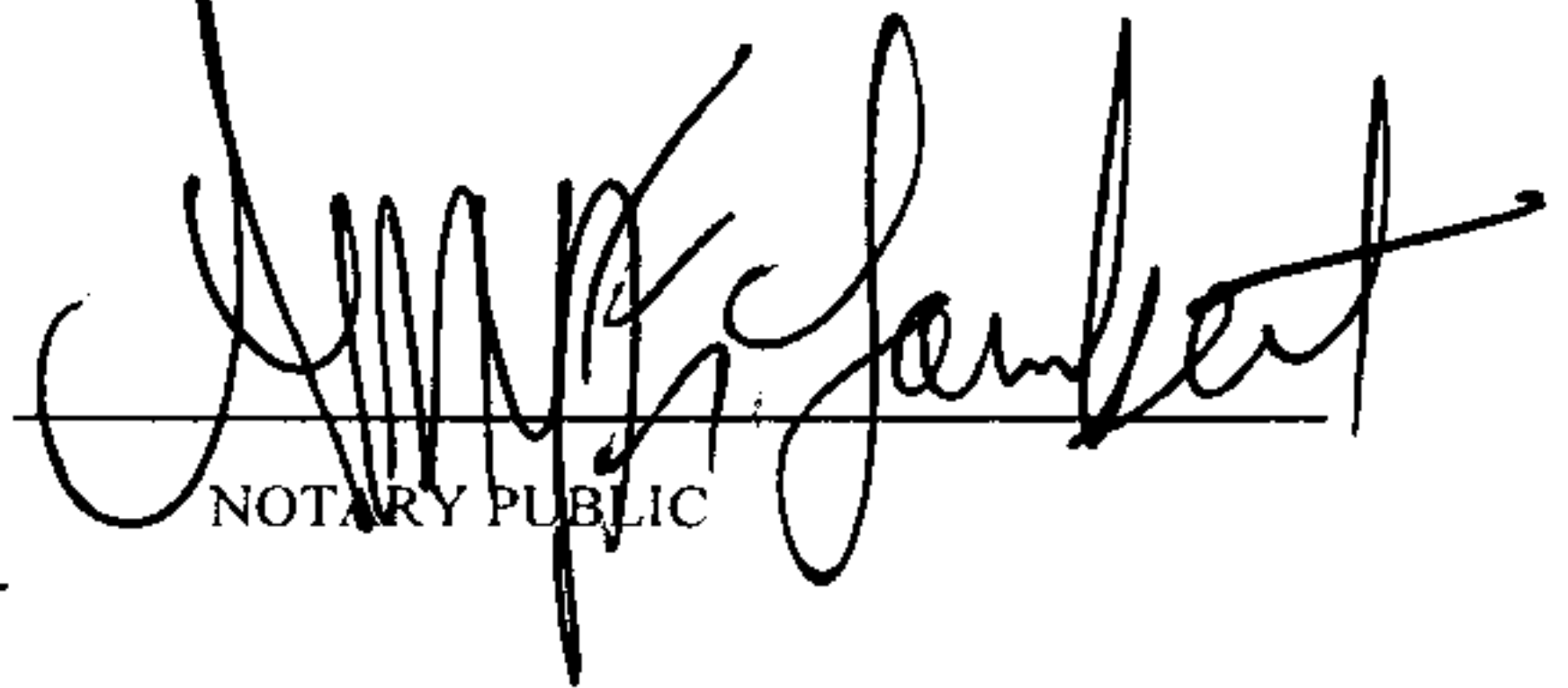
 Agent

STATE OF MISSISSIPPI
 COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Wednesday, December 28, 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