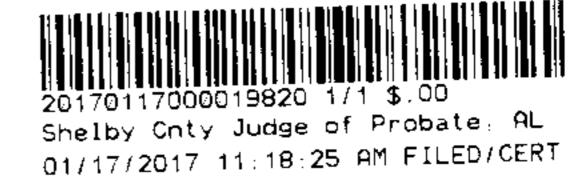
TO: Shelby County Probate Office

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:

Javeon Drake

Address:

1816 Woodbrook Circle

Alabaster, AL 35007

Admit Date:

January 5, 2017

Discharge Date:

January 5, 2017

Amount Due:

\$263.00

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:

Metlife Insurance - SLF88608 P.O. Box 30018 Tampa, FL

BY:

Shelby Baptist Medical Center

Agent

STATE OF MISSISSIPPI COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Thursday, January 12, 2017, 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:

AMY E. LAMBERT

Prepared by:

Kimberlee M. Fair

NOTARY TUBLIC

P.O Box 1465

Corinth, MS 38834