

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

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Shelby Cnty Judge of Probate: AL  
02/06/2017 10 55:49 AM 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: **E Louise Cleveland**  
Address: **164 Park Place Lane**  
**Alabaster, AL 35007**  
Admit Date: **January 9, 2017**  
Discharge Date: **January 9, 2017**  
Amount Due: **\$12,402.30**

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:

**Travelers Insurance - H118781**  
**CS #1816**  
**Alpharetta, GA**

BY: \_\_\_\_\_

**Shelby Baptist Medical Center**

**Agent**

STATE OF MISSISSIPPI  
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Wednesday, February 1, 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: \_\_\_\_\_



NOTARY PUBLIC

*Prepared by: Kim Fair  
PO Box 1965  
Columbiana 38724*