


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

NOTICE OF HOSPITAL LIEN

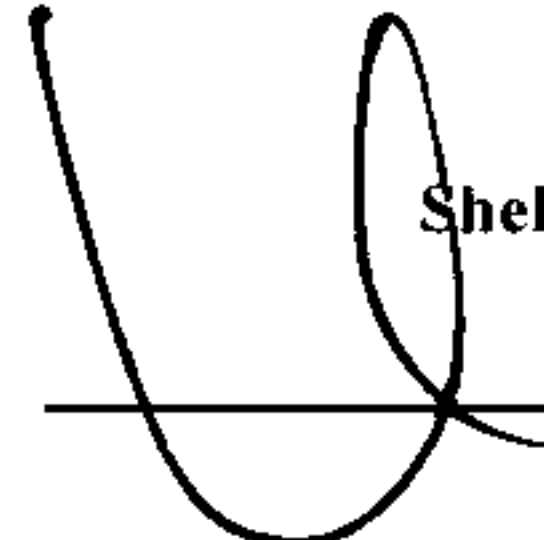
Under the provisions of Alabama Code 1975, § 35-11-370 et seq., notice is hereby given that Baptist Health System, Inc., whose address is 1000 1st Street North Alabaster, AL 35007, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name: **Deborah Hudson**
Address: **P O Box 218**
Wilton, AL 35187
Admit Date: **January 12, 2017**
Discharge Date: **January 12, 2017**
Amount Due: **\$899.00**


20170206000044160 1/1 \$.00
Shelby Cnty Judge of Probate, AL
02/06/2017 10:55:50 AM FILED/CERT

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:

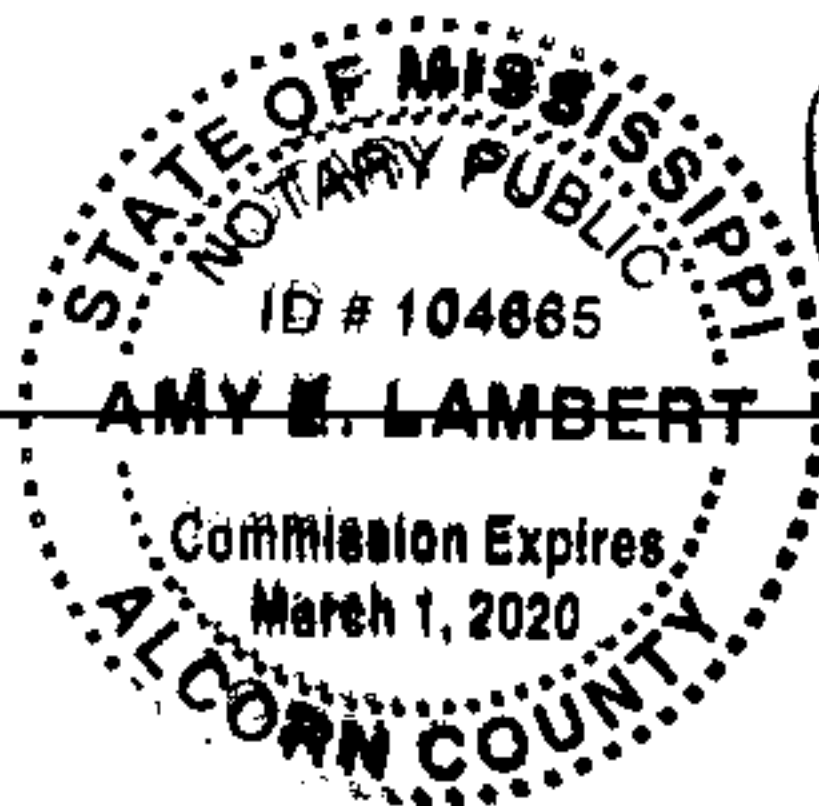
Liberty Mutual Insurance - 034919261
P.O. Box 7230
London, KY

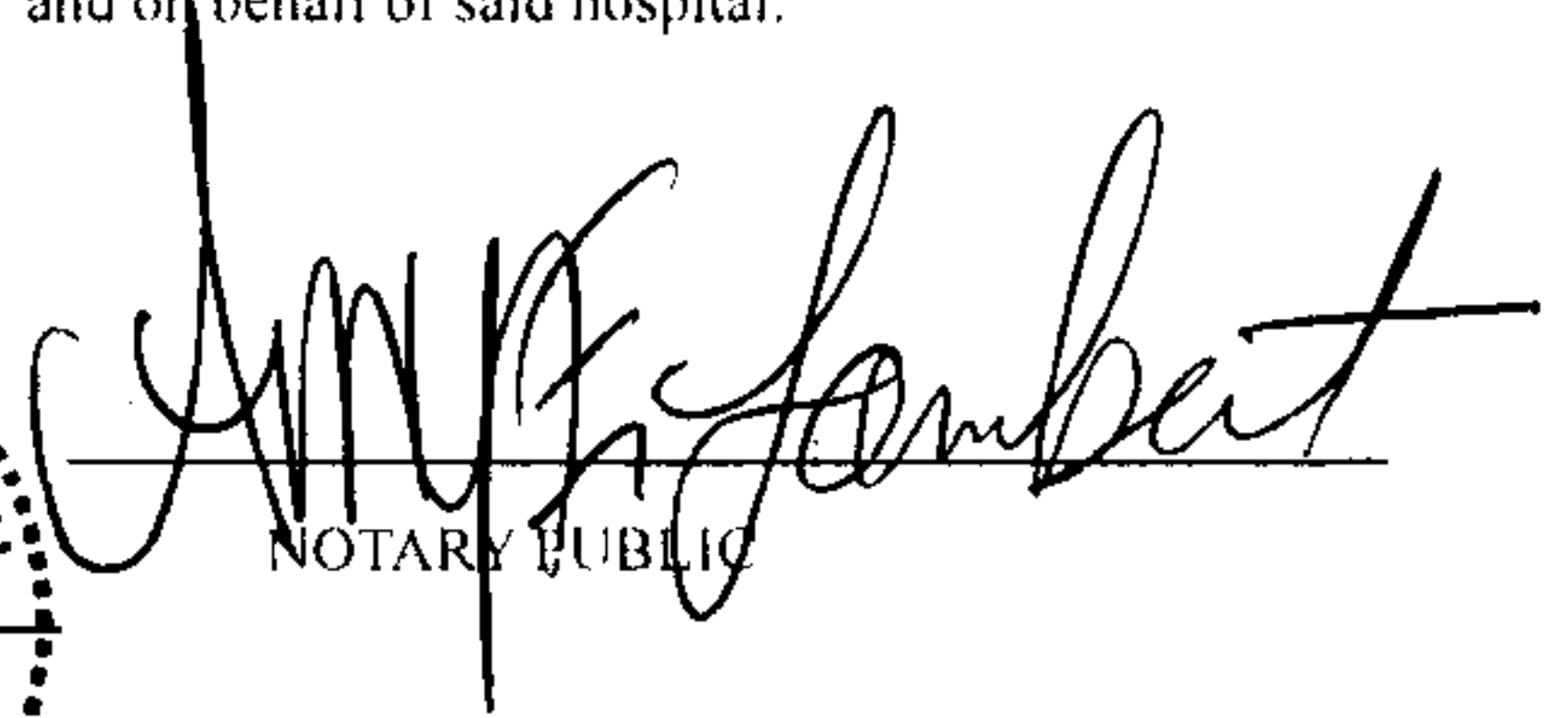
BY:  **Shelby Baptist Medical Center**
Agent

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 4165
Columbiana 35051*