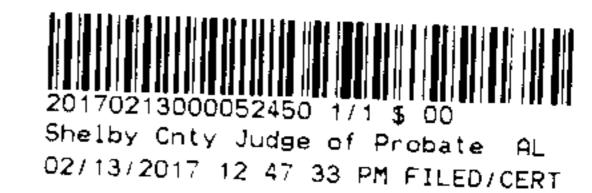
**TO:** Shelby County Probate Office

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: M

Minnie Davenport

Address:

22705 St Paul Street

Robertsdale, AL 36567

Admit Date:

December 20, 2016

Discharge Date:

December 20, 2016

Amount Due:

\$5,709.00

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:

ALFA Insurance - X13-2863 701 Logan Road Clanton, AL

State Farm Insurance - 019P02236 P.O. Box 106171 Atlanta, GA

Shelby Bapust Medical Center

Agent

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NOTARY PUBL

BY:

STATE OF MISSISSIPPI COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Wednesday, February 8, 2017, by Kimberlee M. Fair the duly authorized agent of the above named health care provider for and on behalf of said hospital.

1D # 104665

AMY E. LAMBERT

Commission Expired

March 1, 2020

ORN CO

MY COMMISSION EXPIRES:

Kimberlee M. Fair P.O Box 1465

Corinth, MS 38834