

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

NOTICE OF HOSPITAL LIEN

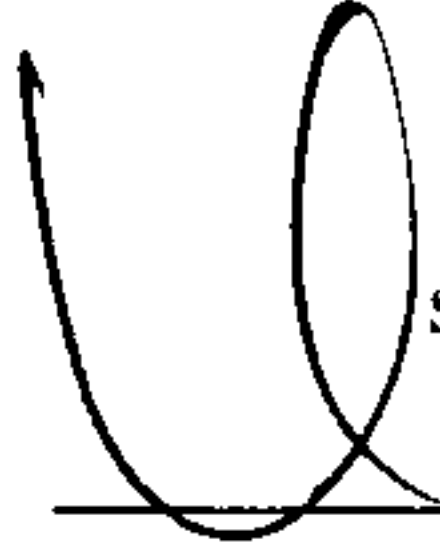
Under the provisions of Alabama Code 1975, § 35-11-370 et seq., notice is hereby given that Baptist Health System, Inc., whose address is 1000 1st Street North Alabaster, AL 35007, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received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

Patient's Name: **Sheila Prentice**
Address: **116 Nelson Circle**
Montevallo, AL 35115

Admit Date: **January 24, 2017**
Discharge Date: **January 24, 2017**
Amount Due: **\$2,951.04**

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:

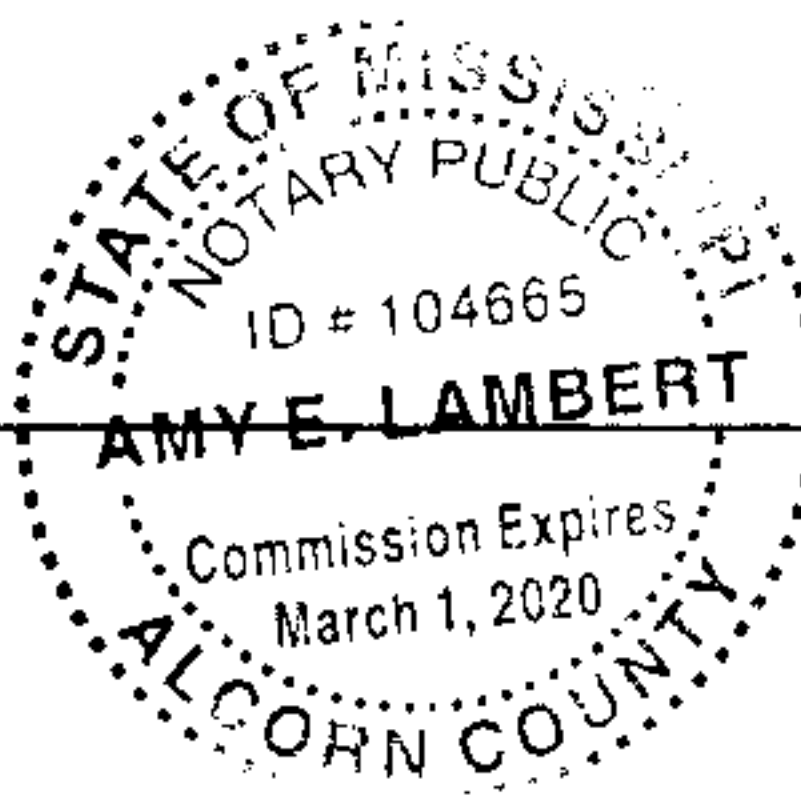
Progressive Insurance - 174003965
2100 River Chase Center, Suite 110
Birmingham, AL

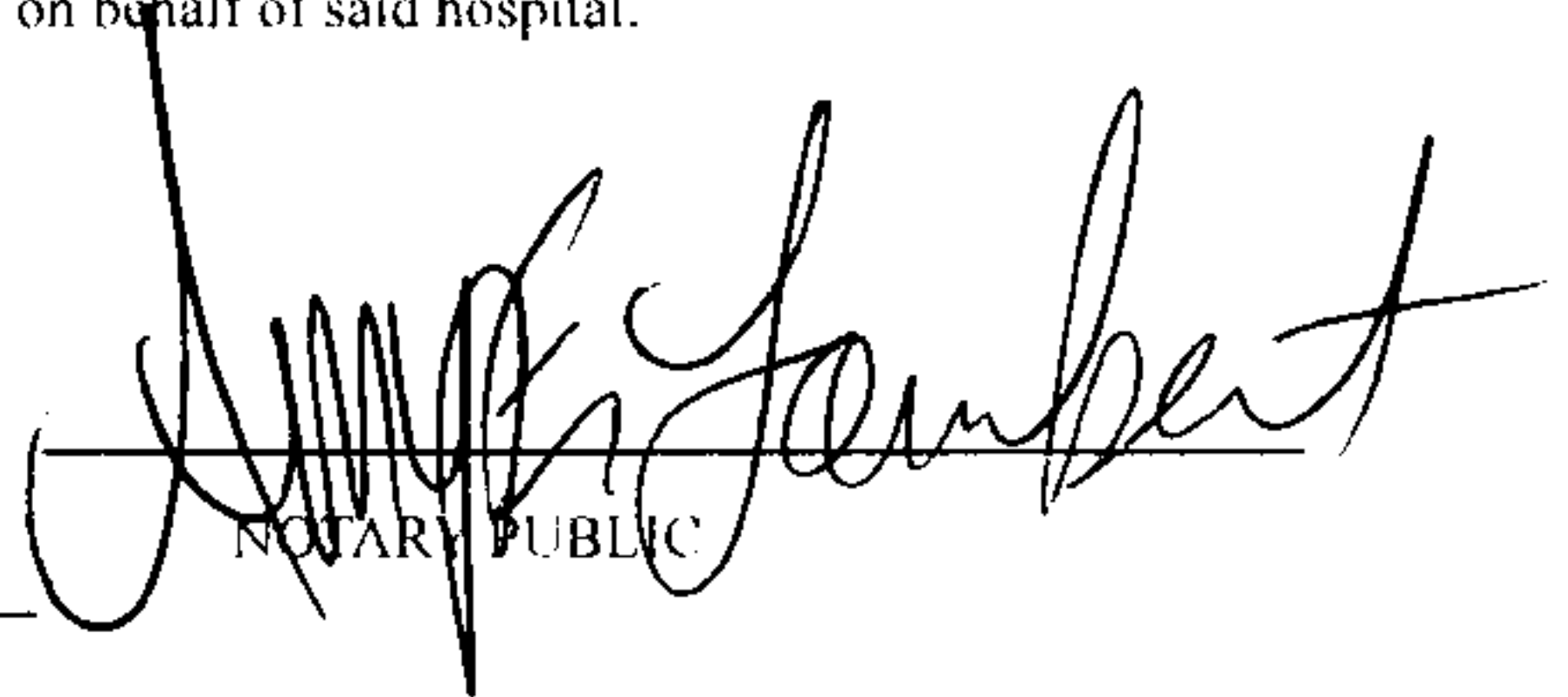
BY:  **Shelby Baptist Medical Center**
Agent

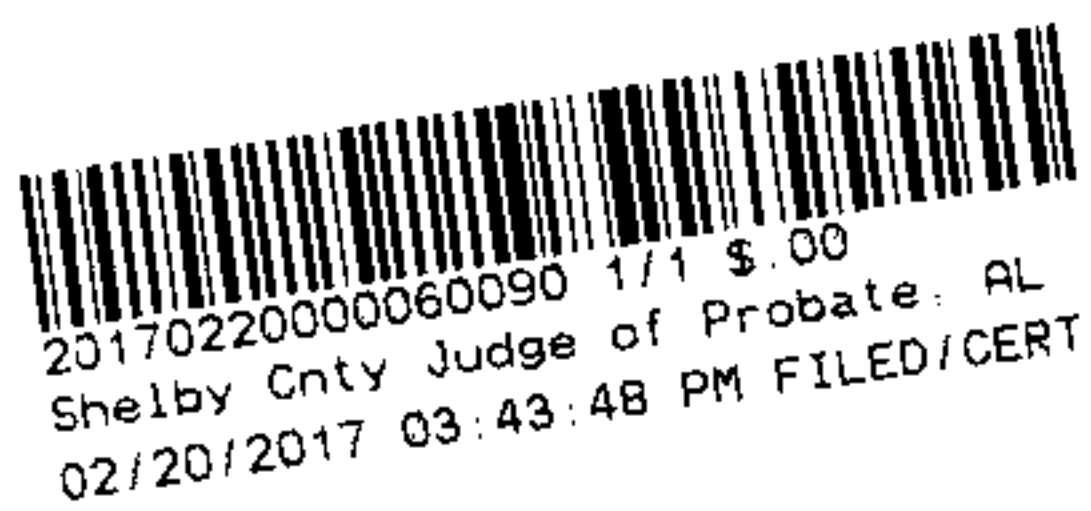
STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Friday, February 10, 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



Kimberlee M. Fair
P.O Box 1465
Corinth, MS 38834