

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

20170227000067000 1/1 \$.00
Shelby Cnty Judge of Probate, AL
02/27/2017 11:18:04 AM FILED/CERT

NOTICE OF HOSPITAL LIEN

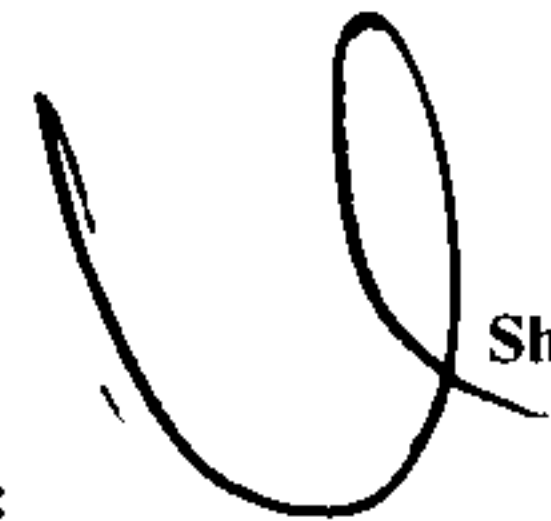
Under the provisions of Alabama Code 1975, § 35-11-370 et seq., notice is hereby given that Baptist Health System, Inc., whose address is 1000 1st Street North Alabaster, AL 35007, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received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

Patient's Name: **Richard Davenport**
Address: **155 Maylene Lane**
Maylene, AL 35114
Admit Date: **December 20, 2016**
Discharge Date: **December 20, 2016**
Amount Due: **\$2,067.00**

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 Baptist Medical Center

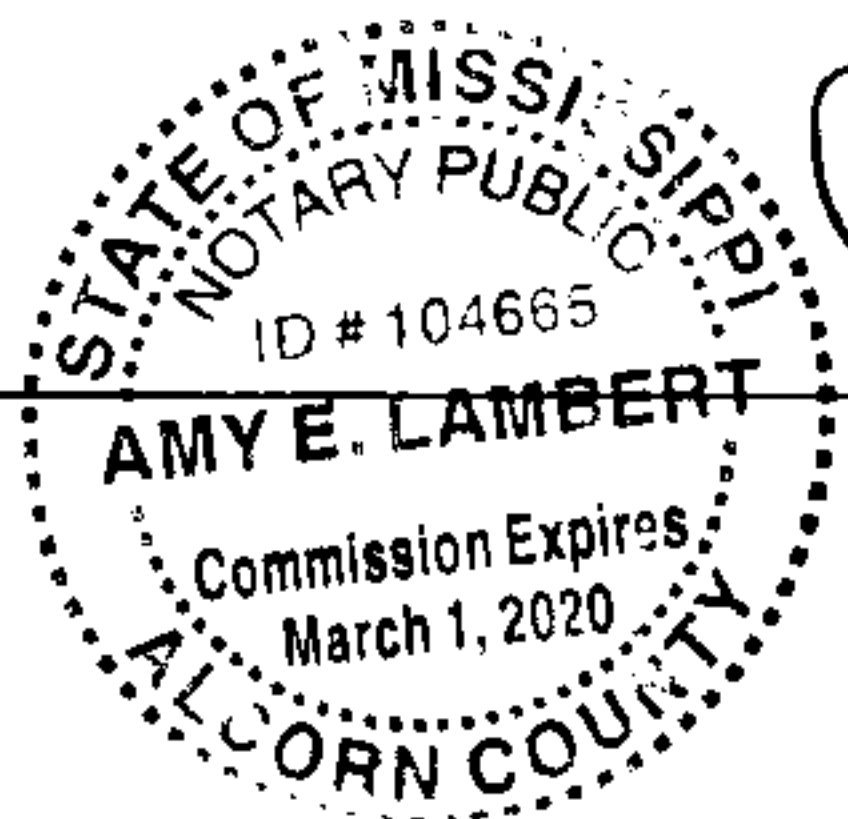
BY:

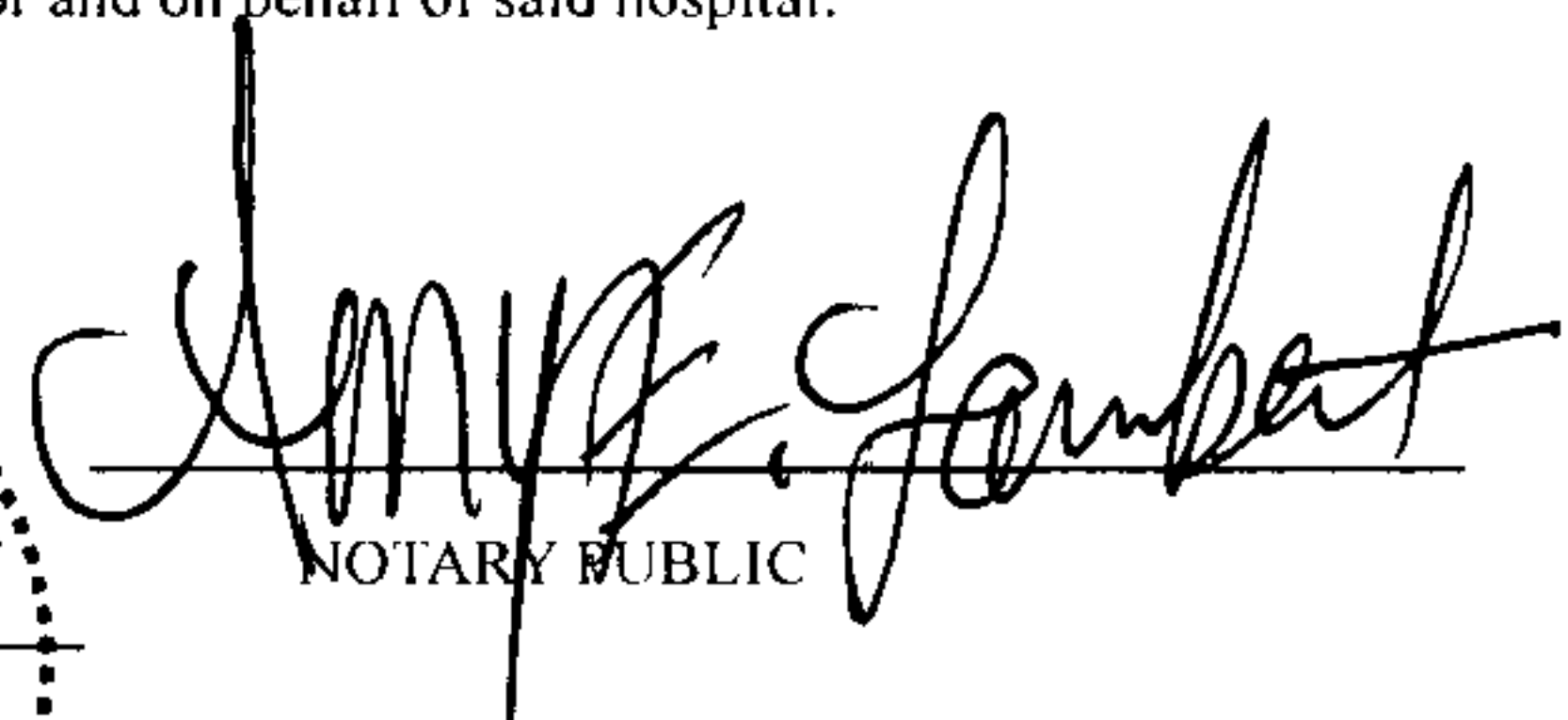
Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Tuesday, February 21, 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:
Kimberlee M. Fair
P.O Box 1465
Corinth, MS 38834