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 Shelby Cnty Judge of Probate: AL
 03/17/2017 12:07:35 PM FILED/CERT

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

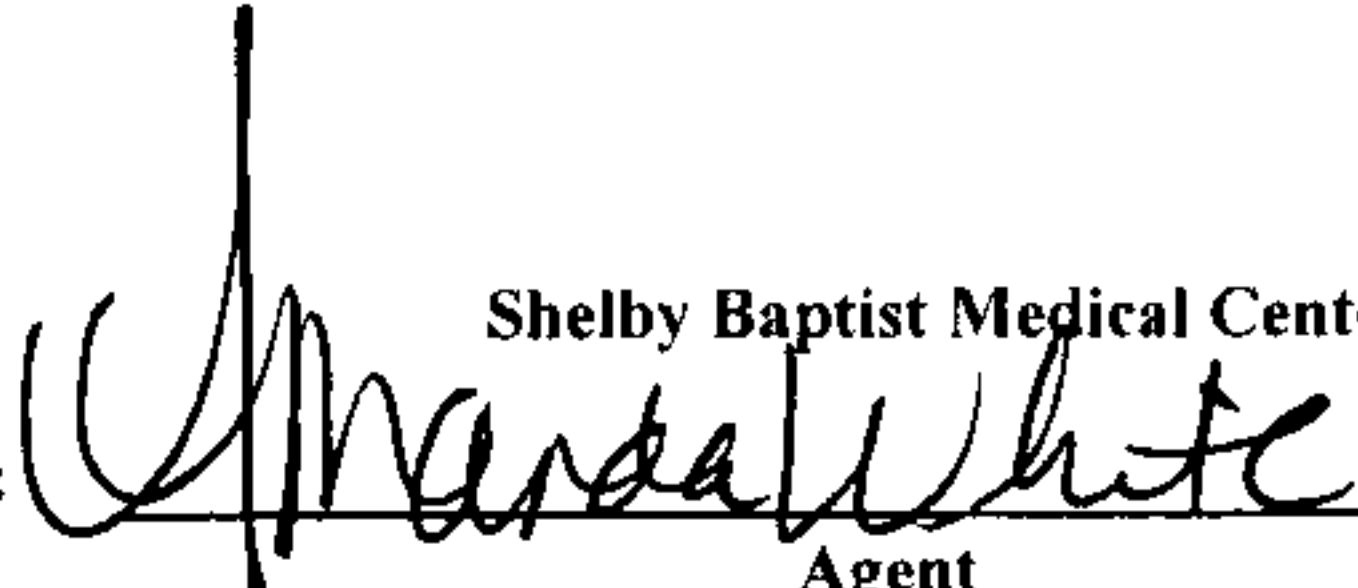
NOTICE OF HOSPITAL LIEN

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: **Deloris Cobb**
 Address: **Po Box 75**
Brierfield, AL 35035
 Admit Date: **02/01/2017**
 Discharge Date: **02/01/2017**
 Amount Due: **1,911.00**

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:

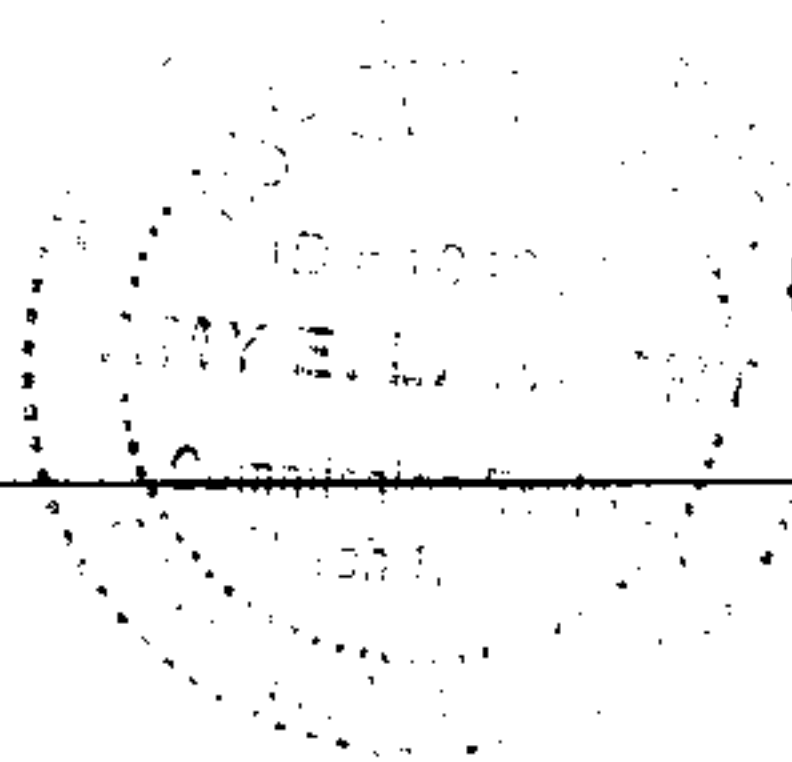
Federated National Insurance - CIG-168009590
14050 NW 14th Street, Suite 180
Sunrise, FL

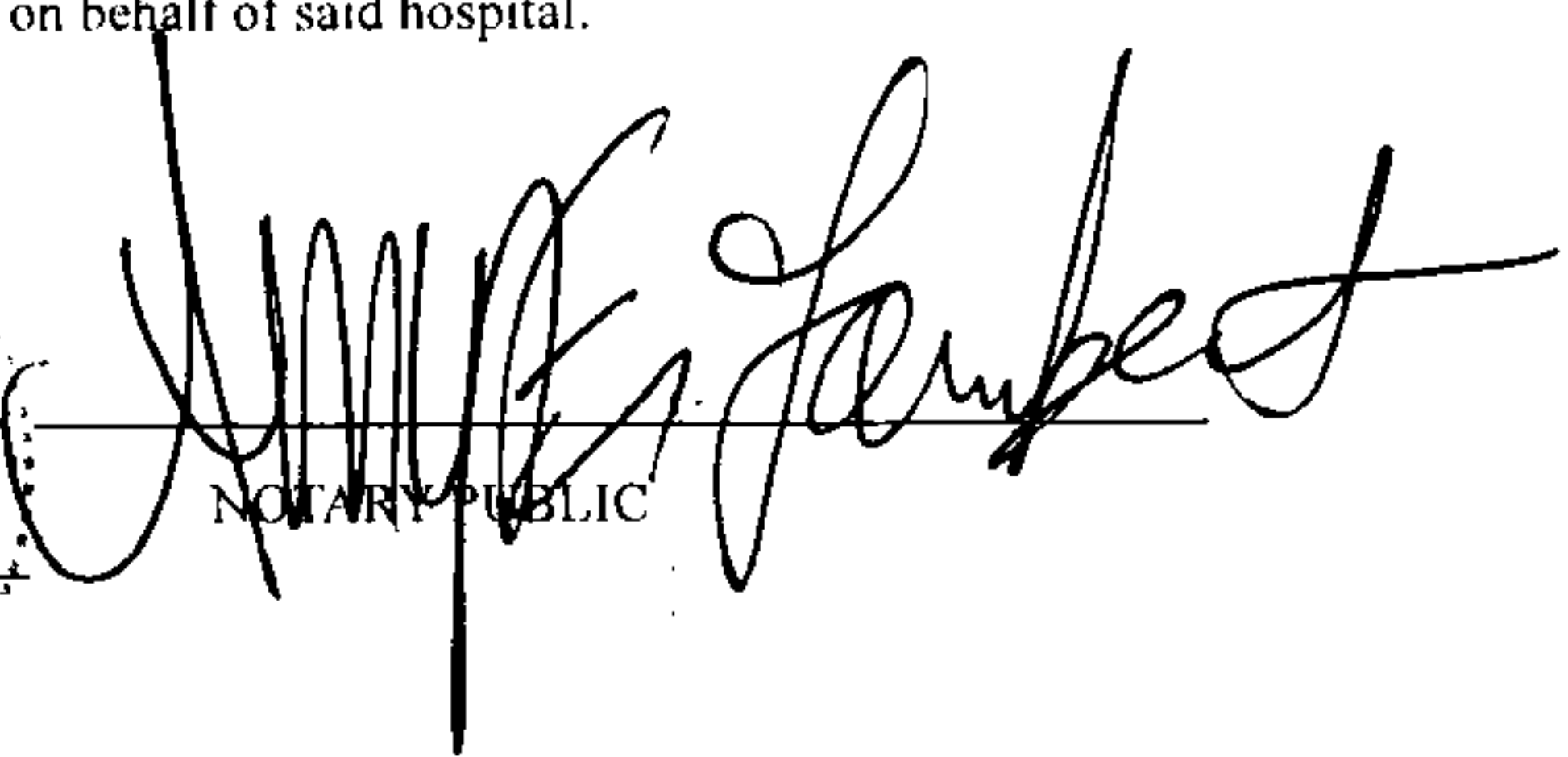
BY: 
 Agent
 Shelby Baptist Medical Center

STATE OF MISSISSIPPI
 COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Wednesday, March 15, 2017, by Amanda White 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