


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


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Shelby Cnty Judge of Probate, AL
05/08/2017 02:27:35 PM FILED/CERT

NOTICE OF HOSPITAL LIEN

Under the provisions of Alabama Code 1975, § 35-11-370 et seq., notice is hereby given that Health Care Authority of Cullman County, whose address is 1912 Alabama 157 Cullman, AL 35058, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name: **Brittney Harden**
Address: **345 Jamestown Manor**
Gardendale, AL 35071
Admit Date: **03/28/2017**
Discharge Date: **03/28/2017**
Amount Due: **5,858.03**

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:

Peak Property Insurance - 97A097791
P.O. Box 8041
Stevens Point, WI

BY:

Cullman Regional Medical Center

Agent

STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Wednesday, May 3, 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:
Amanda White
P.O Box 1465
Corinth, MS 38834