

**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 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: **Taylor Hayes**  
Address: **1862 County Road 790**  
**Cullman, AL 35055**  
Admit Date: **06/04/2017**  
Discharge Date: **06/05/2017**  
Amount Due: **3,980.21**

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:

**Allstate Insurance - 0459039897**  
**P.O. Box 660636**  
**Dallas, TX**

**Cullman Regional Medical Center**

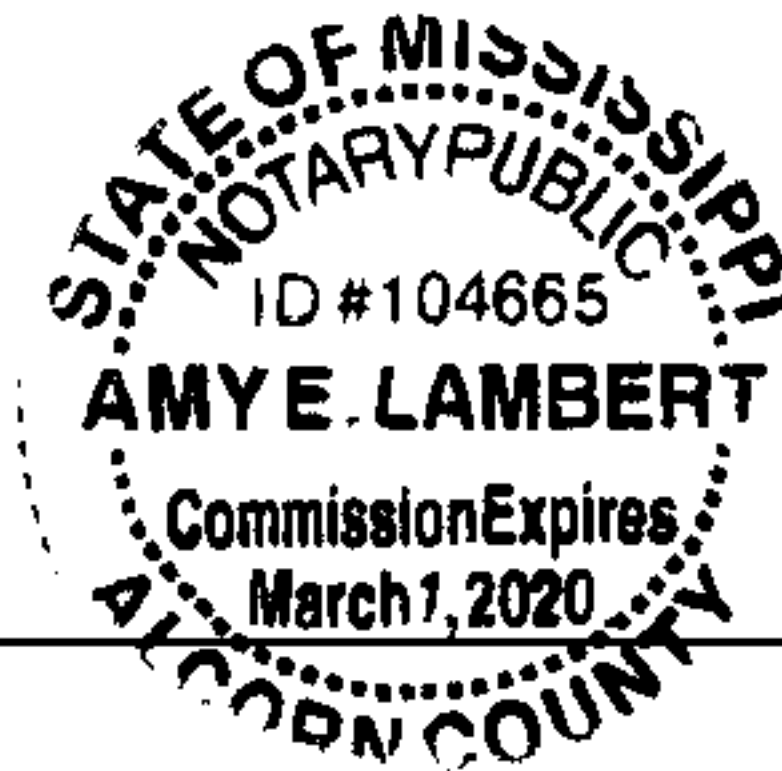
BY: \_\_\_\_\_

**Agent**

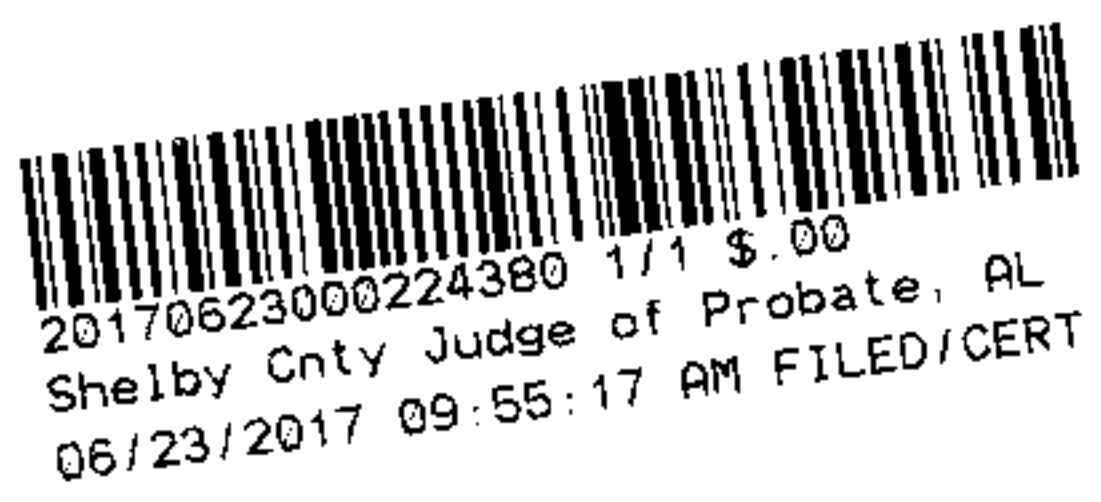
STATE OF MISSISSIPPI  
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Monday, June 19, 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