

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

20171027000390190 1/1 \$.00
Shelby Cnty Judge of Probate, AL
10/27/2017 01:57:20 PM 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: **Ada Christian**
Address: **11021 Highway 42**
Shelby, AL 35143
Admit Date: **10/03/2017**
Discharge Date: **10/03/2017**
Amount Due: **5,856.45**

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:

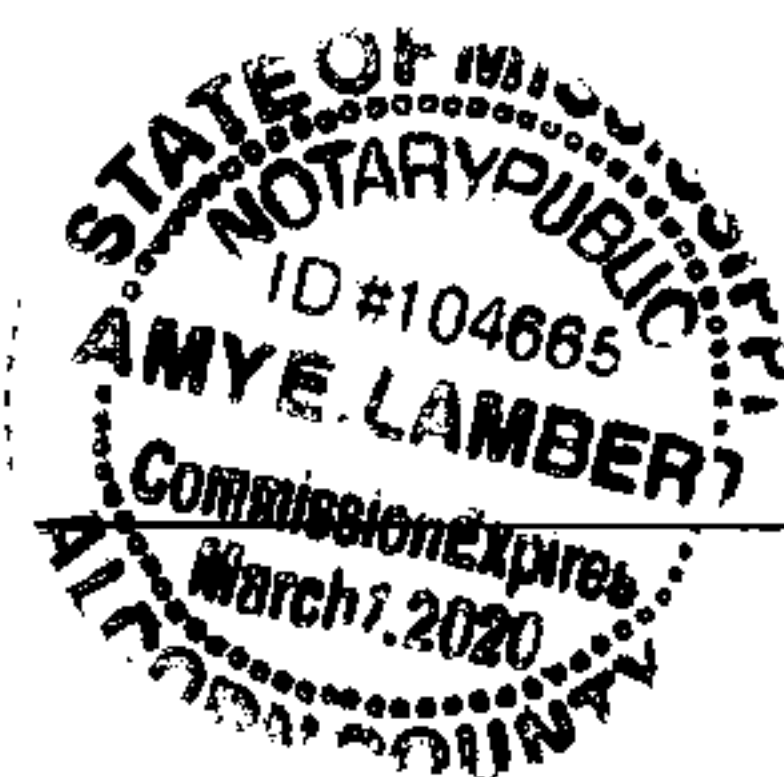
Alfa Claims - X04-8547
2692 East Pelham Parkway
Pelham, AL

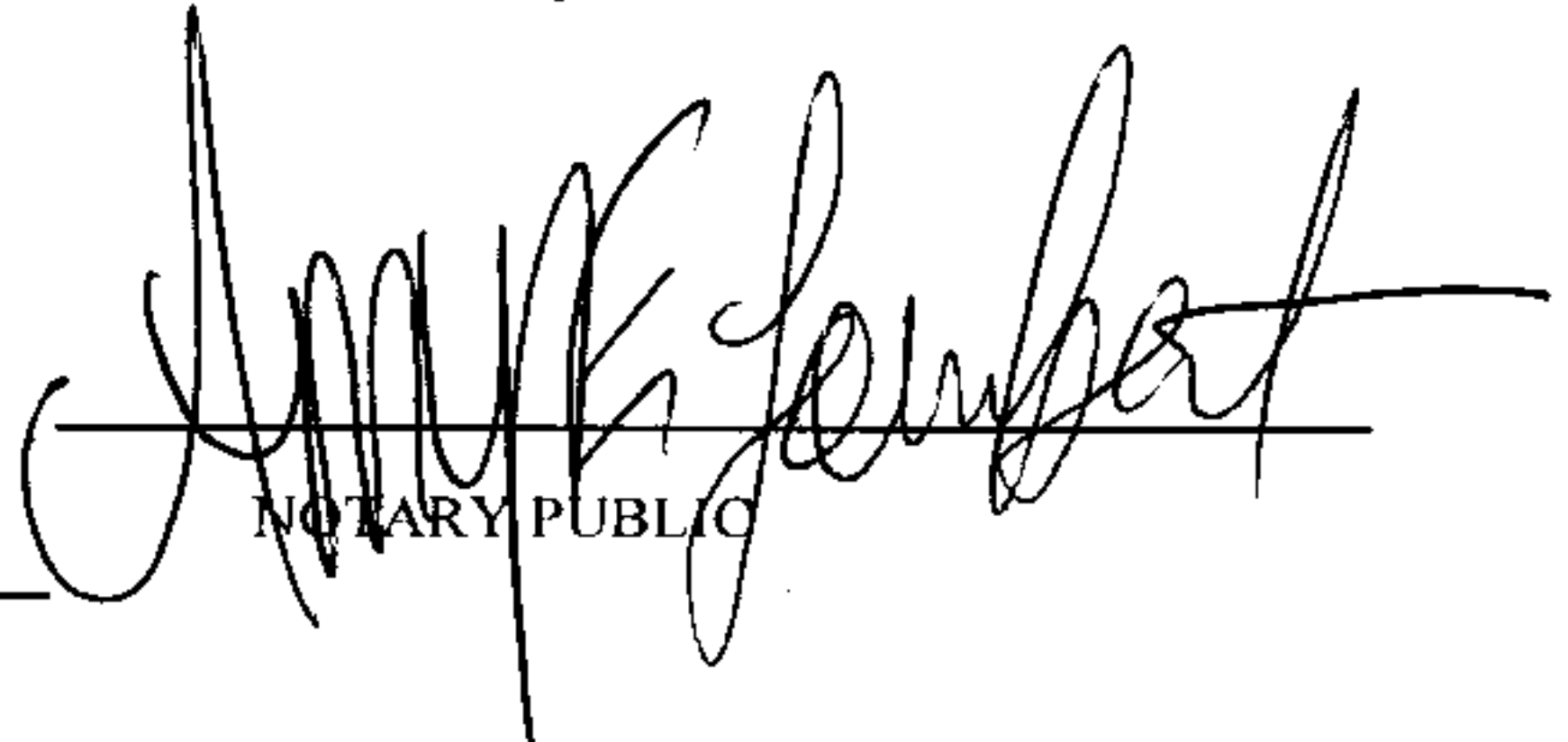
BY: 
Shelby Baptist Medical Center
Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Tuesday, October 24, 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