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 Shelby Cnty Judge of Probate, AL
 12/27/2017 02:30:18 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: **Jewel Tranholm**
 Address: **182 Oakwell Street**
Calera, AL 35040
 Admit Date: **12/04/2017**
 Discharge Date: **12/04/2017**
 Amount Due: **1,798.25**

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 - 0484873996
P.O. Box 2874
Clinton, IA

Progressive Insurance - 173367204
2100 Riverchase Center Building 100 Suite 110
Birmingham, AL

BY: _____

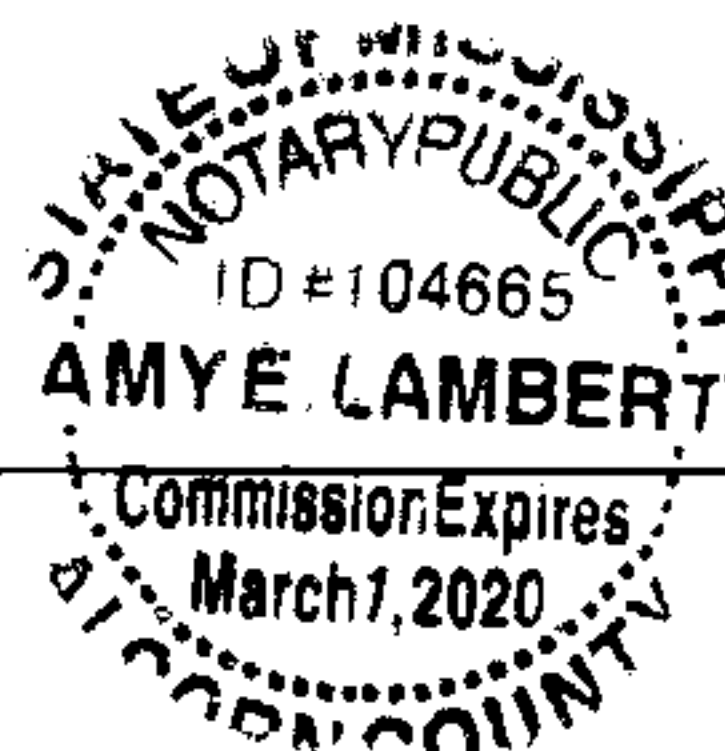
Shelby Baptist Medical Center

Agent

STATE OF MISSISSIPPI
 COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Thursday, December 21, 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: _____



Prepared by:
 Amanda White
 P.O Box 1465
 Corinth, MS 38834