Shelby County Probate Office TO:

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:

Zayne Bishop

Address:

7680 Highway 31

Calera, AL 35040

Admit Date:

05/17/2018

Discharge Date:

05/17/2018

Amount Due:

942.00

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:

* Under Alabama code Section 35-11-371 (1975), the filing of this lien constitutes notice to any persons liable for such damages whether or not are named herein.

STATE OF MISSISSIPPI COUNTY OF ALCORN

BY:

The foregoing statement was acknowledged and verified before me this

THIND, 2018, by 4) I MINDING COLUMN

the duly authorized agent of the above

named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES:

AMY E. LAMBERT

Commission Expires

ID # 104665

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

Shelby Cnty Judge of Probate, AL 06/06/2018 02:02:29 PM FILED/CERT